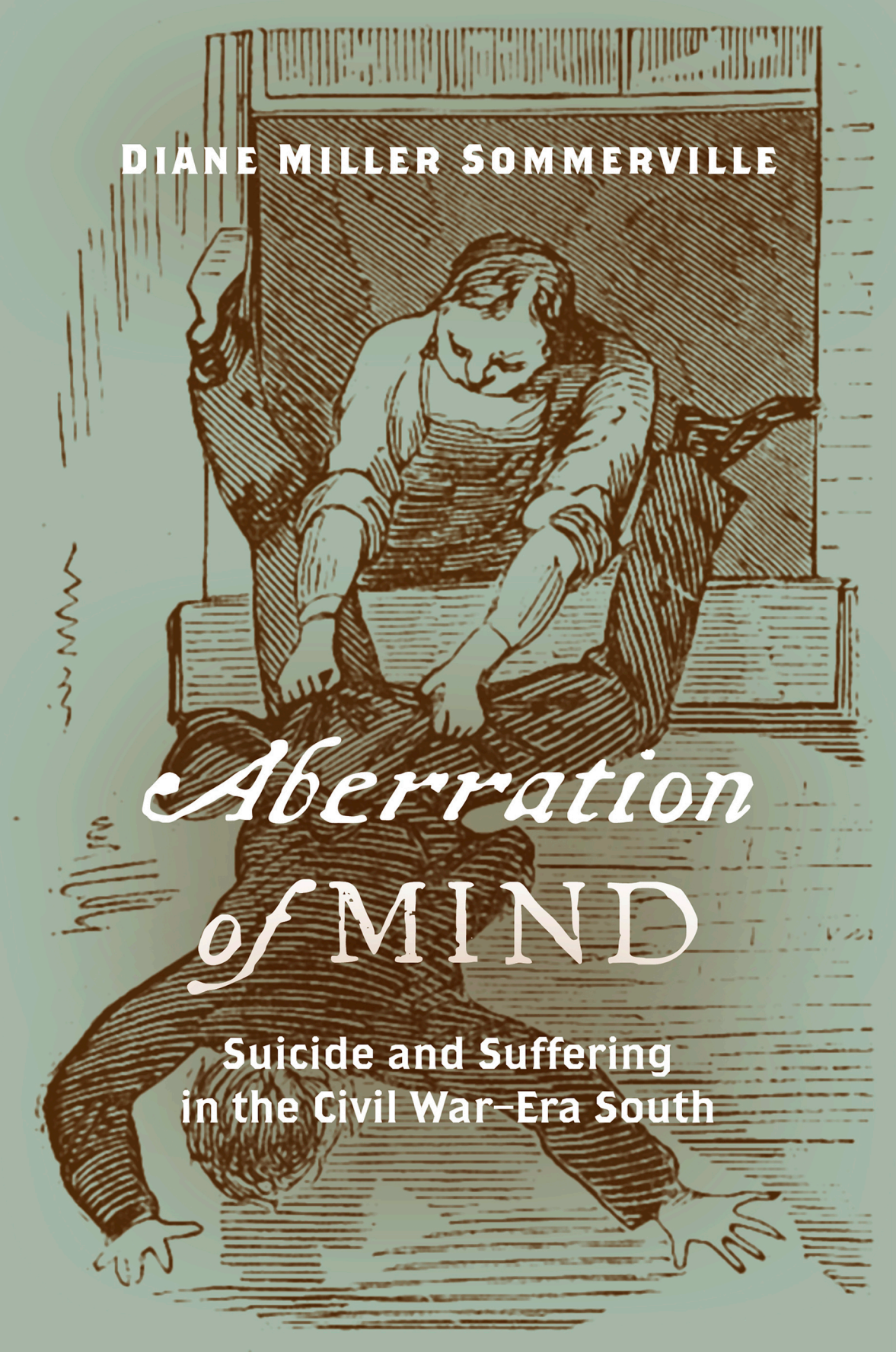
Diane Miller Sommerville



Aberration of Mind

Suicide and Suffering in the Civil War–Era South

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Suicide and Suffering in the Civil War–Era South

DIANE MILLER SOMMERVILLE

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For my family,
Donny, Shannon, and Jackson,
with love and gratitude.

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When I launched this project, my daughter, Shannon, was in high school, my son, Jackson, was in elementary school, and my husband, Don, had not a gray hair on his head. Today, my daughter is a hotshot sports reporter and my son is a newly minted college graduate. My husband, and I, have more gray hair than we care to admit, though my stylist is so good I don't have to. Point being, I've been working on this book for a very, very long time, which has required oodles of patience from those I love. I thank my husband for stepping up this past year especially when the book took over my life and left

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Aberration of Mind

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Introduction

> Suicide is decipherable only through a reconstruction of the complex setting and social meaning of the action.
>
> —Victor Bailey, *"This Rash Act": Suicide across the Life Cycle in the Victorian City*

"The theme of violence runs deep in the life and legend of the South."[1] C. Vann Woodward's reflection in his review of John Hope Franklin's seminal work *The Militant South* (1956) reflects a maxim, then and now, about the American South. Violence in myriad forms—dueling, eye gouging, whippings, insurrections, lynching, rebellion—pervaded the region from its earliest settlements through the modern era. Indeed, it would not be an exaggeration to identify violence as a defining feature of the South, as Sheldon Hackney did decades ago: "A tendency toward violence has been one of the character traits most frequently attributed to Southerners."[2]

Historians have spilled considerable ink analyzing the many forms of violence and their influence on Southerners and their culture.[3] Nearly all of the scholarship on Southern violence, however, considers violence that radiated out: a master whipping his slave, a mob torturing and hanging a freedman, an aggrieved planter defending his honor in a duel. Only recently have historians of the South considered violence turned inward: suicide.[4]

An examination of suicide, especially on the micro level, presents an opportunity to explore the multitudinous pressures nineteenth-century Southerners confronted in the context of war-related social, political, cultural, and economic dislocations, as well as how they talked about, understood, and experienced those pressures.[5] We know remarkably little about how those pressures shaped the day-to-day lives of Southerners. Slavery and emancipation, civil war and its aftermath: these powerful forces unleashed unprecedented stressors that greatly affected Southern men and women, blacks and whites, in myriad ways, including, in the most severe cases, suicidal ideation and behavior. By turning to Southerners who considered suicide or took their own lives in times of considerable stress, we learn much about the *practice* of suicide—how suicide was experienced—about which we know little. By

contrast, the theological, legal, and cultural tenets of suicide—the formal knowledge about the theoretical concept of self-murder—are well-trodden ground. An approach that privileges individual instances of suicide affords a view of how it was both practiced and received in local communities. While religious, legal, and cultural institutions may have condemned self-murder, an individualized case approach to suicide on the local level permits an interrogation of suicide that goes beyond rhetoric and discourse. Understanding suicide as practiced and experienced by local actors, and assessing the responses it engendered in local communities, better situates our grasp of its meaning in the lives of ordinary people, especially the nature and impact of the sources of stress that otherwise remain invisible.[6] An analysis of individual cases of suicide and communities' reactions to them facilitates a better understanding of everyday life in the wartime and postwar South and the experiences of ordinary Southern men and women, as well as an exploration of the meaning of suicide for Southerners during and after the war. Under what circumstances did Southerners contemplate suicide? What were the apparent triggers? How did Southerners respond to incidents of self-murder? Did gender and race shape decisions about suicide and its reception by community members?

Incidents of suicide also offer an avenue into understanding personal suffering—its extent, how it was experienced, and responses to it—in the specific context of enslavement, civil war, and emancipation in the South. It is tempting to view suicidal behavior as a simple index of human suffering with suicide rates quantifying the amount of suffering different groups experienced.[7] Yet not everyone who suffered killed himself or herself; self-destruction occurred only infrequently, even in the face of profound and pervasive human suffering. Obviously, however, suicide was and is one outcome of extensive suffering, a way of escaping despair and hopelessness, so it is impossible to separate suicide from the historical context of emotional, physical, and psychological suffering, which pervaded the wartime and postwar South. Nearly all who turned to self-destruction did so to end their suffering. At least, that was the belief of many nineteenth-century Southerners. Southerners routinely correlated suicidal activity with suffering, which they associated with the war and its aftermath.

While much scholarship on the Civil War South acknowledges, implicitly or explicitly, the extent of suffering, no historian has yet focused solely on suffering in the Civil War South in a sustained way.[8] Drew Gilpin Faust comes closest in her wartime study of elite white Southern women, whom she situates in a milieu of material and emotional suffering. White Southerners, Faust argues, linked suffering to sacrifice and nation; a woman dutifully gave up husband or son for the cause. But as the war dragged on, and as material conditions worsened in the South, faith in cause eroded and support receded.[9]

Protracted suffering no longer bore fruit. So while both South and North experienced war-generated hardships, preservation of the Union and an end to slavery redeemed the extensive loss of life and injuries in the North. Redemption eluded conquered Southerners, who, in the wake of defeat, eventually conceived of suffering differently. The realization that the high human cost of the ill-fated rebellion was for naught cast a dark shadow on the South, deepening the despair and further bonding the community of suffering. Faust's work shows the impact of increased suffering on Confederate nationalism, not on the individual psyches of war-weary Southerners, which is one of the aims of this book. How did Southerners experience suffering? How did they make sense of that suffering, and how was suicide connected to the suffering of Southerners?

The suffering and suicidal behavior of Southerners during and after the war was highly gendered. Men and women of the South experienced suffering in fundamentally different ways that in turn shaped the circumstances of suicidal activity and ideation. During the war, most Confederate men left their homes and joined the war effort. They battled homesickness, cramped quarters, boredom, malnutrition, and exposure to the elements; they contracted diseases, were wounded in battle, and were nursed by strangers; they were traumatized by what they saw and experienced in combat. Confederate soldiers faced challenges to their manhood: Would they be able to comport themselves with courage and composure under fire, or would fear get the better of them? Would they be able to resist the temptation to run or hide when under fire? Southern men who failed to live up to expectations, or worried they might, sometimes seem to have chosen voluntary death to avoid living with the moniker of failure or, worse, coward. Confederate men also worried about the well-being of the dependents they left behind. The core creed of nineteenth-century masculinity, man's role as provider and protector, the essence of Southern male identity, existed in tension with the martial commitment to nation and cause, prompting much angst and apprehension among soldiers.[10] Veterans lucky enough to survive returned home, sometimes wounded or disabled, often carrying emotional baggage, and suffering. For many of these men, self-destruction represented a plausible alternative to living depressed and broken in a defeated nation with dismal prospects for a better future. Having failed to save their nation, and thus disappointed their families, Confederate men turned to self-inflicted death as a way to end their suffering.

Mastery and control were central to the identities of Confederate men.[11] In war, for the first time hundreds of thousands of white Southern men, long steeped in a culture of honor and proselytized by the propagators of paternalism, departed for the battlefront, plunging into unfamiliar roles requiring

subservience and dependency, the very antithesis of manhood. For some Confederate soldiers gripped with fear or anxiety, suicide became the antidote to loss of control. While men may have been unable to control their emotions in battle, suicide assured men mastery over the outcome of their lives. Suicide afforded them the chance to die with dignity and honor rather than live disgraced and dishonored.

Mastery continued to elude Southern men in peace, as in war. Confederate veterans returned home to find the markers of manhood stolen from them: fortunes evaporated, slaves gone, political rights revoked; many struggled to provide for their families. Quite a few brought home with them the visible scars of war including missing limbs, disfigurement, and unhealed wounds. Mental scars, less visible, were just as debilitating. The physical and emotional wounds, coupled with a crippled economic climate, chipped away at their manhood and identities as men. As in other societies plagued by economic chaos, the failure to live up to standards of masculinity, including the ability to provide for one's family, triggered male suicides. For Southern white men, like long-suffering men in Weimar Germany, "suicide was the most radical expression of the failure of man's traditional role as *pater familias* amidst the socio-economic deprivation" of the period.[12]

Confederate women suffered, too, but differently than men. As has been well documented, the Civil War significantly altered gender roles and relations. Husbands, fathers, and brothers, the very men who had pledged to be women's natural protectors and providers, abandoned them for war. Confederate women stepped into male roles, though, to protect and care for themselves and their children. They inherited unfamiliar responsibilities in farming and business for which they had been told they were constitutionally ill-suited: they supervised slaves, negotiated with debtors and creditors, stared down invading armies, procured food, butchered hogs, harvested crops, and sold cotton, all while deprived of the emotional, as well as financial, support of their husbands. They mourned the deaths of their children and other relatives without the ballast of spousal support. Many became sick with worry about sons, brothers, and husbands on the front. When their husbands died, young women, mothers of small children, panicked, wondering how they would survive alone in the midst of war, especially when the traditional extended support systems on which they depended were also stretched taut and often unavailable. Whereas the suffering and suicidal impulses of Confederate men emanated most directly from their ties to military service and especially to war trauma, those of female civilians were more often connected to the economic, material, and personal hardship they suffered as a consequence of war. The Civil War pushed the limits of traditional gender norms and sorely tested Southerners' abilities to adapt to unfamiliar roles. Quite a few South-

ern women failed to adapt to wartime changes, which added to pervasive personal suffering.[13]

Much of Southern women's physical and psychological suffering during and after the war, unlike that of men's, derived from their reproductive and maternal selves, namely postpartum disorders and child-rearing, rather than military service. That said, exigencies of war shaped those experiences and exacerbated their compromised mental health, forcing many to weather a difficult childbirth without a husband's support, care for another child with an absent or dead father, or face a beloved child's death alone. Postpartum depression and psychoses existed apart from war, but the conditions under which pre- and postnatal women maneuvered were situated in a war zone. Having to bear and raise children under the strain of war intensified symptoms for women prone to childbirth-related disorders.

Southern white women, especially elites, also suffered differently from men because of the ideological and cultural strictures of nineteenth-century paternalism. The rigors of childbirth and child-rearing, the scarcity of food, and dislocation ushered in by moving armies left quite a few Southern white women physically compromised and psychologically weakened. Having been told for generations that they were innately and emotionally ill-equipped for the rigorous demands of commerce, credit, and management, quite a few Southern white women, lacking sufficient self-confidence to persevere during the war and after and unable to turn to the safety net of extended kin and community members who were also suffering, collapsed in utter despair. Unable to bear up under the new demands of life, many ended up in asylums. Some, for whom the anguish proved unbearable, resorted to suicide or suicidal attempts in increasing numbers after the war.

The region's African American population also suffered extensively during and after the war. While African Americans emerged from war emancipated and as beneficiaries of the war, they nonetheless operated in a war zone during and after the conflict and so faced many of the same stressors as Confederates. They also confronted unique challenges, as they had in slavery, that engendered suffering. Southern whites insisted that enslaved men and women were content and rarely depressed, the prerequisite, in their minds, for suicidal behavior, and so they concluded the enslaved lacked a self-destructive impulse. To acknowledge that the enslaved experienced emotional pain would have required an unthinkable concession: slaves were not happy. Southern whites, therefore, constructed a racialized worldview in which they, slave owners, provided their bondsmen and bondswomen all the essentials in life—food, shelter, clothing—thereby removing any material basis for their unhappiness. With masters providing every need, the enslaved had no cause for anxiety or worry. Because white Southerners also projected that the

enslaved lacked any capacity for intimate and lasting attachments, they refused to entertain any possibility that the enslaved experienced emotional pain, another basis for depressive and suicidal behavior. Bonded laborers, who had "no social tenderness" and who manifested "insensibility to the ties of kindred," lacked feelings of intimacy and affection and so could not feel heartache.[14] In short, Southern whites constructed ideas about the emotional nature of the enslaved that precluded the possibility of their suffering.[15]

Enslaved men and women, though, did suffer. Extreme or protracted torment led many slaves to consider suicide or to take their own lives as a way to escape, contrary to the beliefs of their enslavers. Escaped slaves, visiting Northerners, and especially abolitionists, challenged the fiction of contented slaves by evincing numerous instances of slave suicide, which came to be embraced by many outside the white South as a measure of slave misery. The stressors experienced by the enslaved largely differed from those of free people, but could overlap. Triggers for slave suicide included ill-treatment, sexual violation, corporal punishment, fear of recapture or punishment, dislocation, and sale. For the enslaved, suicide ended misery, just as it had for white Southerners, but the sources of their torment differed markedly.

Emancipation removed many of the stressors that had led enslaved people to end their lives, yet they continued to suffer, even as the shackles of slavery were removed. Recent works by Jim Downs, Gretchen Long, and Martin Summers have uncovered physical, material, and emotional struggles of newly freed slaves. Studies of emancipation have long emphasized "Jubilee"—the celebrated end of slavery. New emancipation scholarship balances an understandable impulse to revel in the end of human bondage with the realization that the formerly enslaved encountered formidable obstacles in their freedom journey. My research shows that the challenging path to freedom cost many freed people their psychological well-being as they faced formidable pressures both familiar and new. Like white Southerners, they, too, lived in a war zone and inhabited a decimated region after the war in which they faced scarcity, uncertainty, starvation, and exposure. Indeed, the transition from slavery to freedom made African Americans vulnerable in new ways: Where would they live? How would they provide for themselves? How would they secure medical care and food? How would they keep their families intact? Freedmen and freedwomen in the wake of civil war encountered new ordeals like confrontations with employers over the terms of free labor, geographic dislocation, exposure to the elements, hunger, as well as racial violence and abuse. The financial and personal struggles experienced by freedpeople bled into African American households, sites of contest over roles

and power, further contributing to emotional and psychological distress that sometimes resulted in suicidal behavior.[16] Confronted with evidence of psychological afflictions among freedpeople in the postbellum period, Southern whites acknowledged that blacks suffered, but blamed freedom, for which, whites believed, African Americans were ill-equipped.

Methodological challenges for the historian of suicide abound. Historians like Olive Anderson favor the statistical approach to measure the frequency of suicide in a locale to draw conclusions about the state of the society or community they are studying.[17] Copious, detailed records of vital statistics, such as those in eighteenth- and nineteenth-century England, enable this kind of a study. Such a cache of records does not exist for the nineteenth-century South, which, for the most part, did not require the reporting of vital statistics until the twentieth century. Moreover, coroners in many parts of the South were particularly inept, and records, many quite spotty, were maintained locally, not mandated or collected by a central state authority. During the war, the Confederacy's efforts at maintaining medical records, including cause of death, were anemic compared to those of the U.S. military.[18] In short, the records do not exist to craft a research design based on quantitative methods. Consequently, it is impossible to know with certainty whether suicidal activity in the South rose during and after the war.

Questions that go beyond mere numbers and that address specific meaning in historical context, nonetheless, can be raised and answered by alternative sources, such as letters, diaries, newspaper accounts, coroners' reports, and military service and asylum records. These types of evidence invite close, granular interrogation of individual cases of suicides: What was the meaning of suicide for Confederates in the context of the Civil War? What did it mean when a Confederate soldier killed himself before arriving at the front? Or when a young widow, bereft and alone to care for a large family, contemplated suicide? How did slave views of suicide differ from those of white Southerners? What were the attitudes toward suicide in the Civil War South, and did those attitudes change over time? How did race and gender shape the experiences of suicide and responses to those suicides? What are the broader implications of suicide in the Civil War South?

Sources on nineteenth-century suicide cases can be frustratingly scarce, incomplete or brief, plagued by reporting problems, and unreliable. Extant records also reflect gender and racial biases. Overwhelmingly, for instance, American men, then as today, committed lethal (completed) suicides at much higher rates than women, despite the fact that women thought, wrote, and talked about committing suicide more often than men did.[19] Women also

attempted suicide at much higher rates than men.[20] Limiting the scope of this study to completed suicides would have skewed the focus toward men and overlooked critical evidence of nonlethal (uncompleted) suicides and suicidal *ideation*—ideas about self-destruction that may never have resulted in even an attempted suicide and that are most often associated with females. Expanding the scope of suicide to encompass suicidal behaviors that did not end in death enlarges the pool of actors beyond those culminating in death, mostly male, and includes female actors who entertained suicidal thoughts or tendencies. As a result, I consider a broader scope of suicide, one that includes cases resulting in death, but also suicid*al* behavior (nonlethal or attempted suicide), suicidal tendencies or thoughts (suicidal ideation), and death wishes or fantasies. Employing a less restrictive definition of suicide especially illuminates the experiences of women, notably those of poor and working classes, and the circumstances that led women to consider death by their own hands. Embracing nonlethal permutations of suicide, importantly, includes self-destructive activity and thought by females, which was robust, but would be lost by relying on the traditional (more restrictive) definition of suicide.[21]

Expanding the analytical framework of suicide to include non-completed acts and suicidal thoughts opens up a wider range of sources including those of asylums, where suicid*al* people often ended up and from which we gain access to sources about poorer women, who were less likely to write letters or maintain diaries. Those sources also provide access to the agents' words (sometimes conveyed through family or caregivers, but emanating from suicidal actors themselves) about motives, and answers to questions like why they contemplated killing themselves, why they tried to kill themselves, and why they did not, information unavailable when limiting studies to completed acts of suicide.

Historians of suicide also grapple with the thorny issue of causation, which the limitations of fragmentary and pithy source material only compound. Those who adopt a Durkheimian approach to causation privilege external, structural factors. This analytical framework, however, marginalizes or dismisses the particularities of individuals' lives, in effect, failing to account for how individuals weathered pressures or suffered, or did not. It fails to honor the lives, the struggles, and the difficult choices Southern men and women faced when contemplating self-destruction. Suicides do not occur in a vacuum, however. The Civil War era provides the social and cultural context for suicidal activity. Any attempt to consider causality of suicide must also take seriously the lived experiences of Southerners as they navigated the shoals of war and its aftermath. In my analysis of suicide causation, I view external pressures and personal circumstances as complementary, not mutually exclu-

sive.[22] The war wreaked havoc on the South's postwar economy, which shrank opportunities for employment (external forces), but a Southern man's suicide, ostensibly because he was unable to find a job, might also be linked to additional personal experiences (war trauma, chronic pain from a war wound, death of a family member). *Aberration of Mind* situates suicide in the maelstrom of civil war and the economic, political, and social dislocations of Reconstruction, times of considerable flux and instability, which left Southerners more vulnerable to suicide than before the war. External factors—war trauma, invading armies, scarcity, hunger, property loss, extensive loss of life—bore down on the region with a vengeance, making Southern men and women more susceptible to psychological breakdown and suicidal impulses than in the antebellum period. But this study also considers the lived experiences of Southern men and women and how they handled, or not, the various challenges war and loss laid at their doorsteps.

Motivations for those undertaking voluntary death are complicated, multilayered, and largely obscured. To be clear, it is unlikely that a historian could identify with certainty the cause of any subject's suicide. The best we can hope for is an "assigned" motive, one attributed by a witness, a coroner, a loved one, or the victim. As historian Victor Bailey concedes, "The real motives that impel a person to suicide are ultimately unfathomable."[23] Determining the etiology of suicide at any time and under any circumstances poses a significant challenge for the historian who is unaware of myriad factors, hidden from contemporaries as well as historians, that might have played a role, major or minor, in a person's decision to take his or her life. Yet, much of the suicidal activity in this study occurred in the context of war and its aftermath, including emancipation and defeat. At the very least, then, that the war served as a proximate cause for suicidal behavior in many cases seems likely, and it helps explain why Southerners turned their violent proclivities on their own bodies.[24]

Despite the elusiveness of suicide causation, limited sources, when refracted through the lens of modern psychiatry, can yield important findings about the links between aberrational psychological behavior and war trauma. To take one example: a veteran's wife, who saw, and reported, no connection between her husband's military experience and his suicidal behavior, nonetheless, may have informed asylum officials that her husband's attempts at self-injury surfaced after his return from the front. Pairing current understanding of the psychological effects of combat on a soldier's mind with this important clue about timing permits reasonable speculation that his suicidal impulses might be linked to his military experience. Combining stingy clues that exist in the historical record with recent findings in medical, neurobiological, psychiatric, and sociological studies aids in piecing together an

interpretation of nineteenth-century cases of mental illness and suicide that, though not definitive, can lead to plausible conclusions about causation, even when the principal actors themselves remained unaware of the connection.

The knowledge divide between nineteenth-century medical experts, practitioners, and laypeople and the historian also poses a challenge for the study of psychological debility in the Civil War era. Men and women in the Civil War–era South constructed meaning about aberrational behaviors based on their own cultural understanding of medicine and health, shaped as it was by nineteenth-century notions about race, gender, religion, and class. They wrote and spoke about psychological maladies using words different from our own, making it difficult to correlate their observations to our own understanding of the etiology of mental illness. Inhabiting the pre-Freudian world, they possessed limited capacity to link traumatic and stressful experiences to a diminished mental health. Today we speak of clinical depression, stress, anxiety, and mental illness; laypeople are familiar with complicated medical and psychiatric diagnoses, like post-traumatic stress disorder (PTSD), bipolar disorder, paranoia, and postpartum psychoses. Those living in Civil War America used a different lexicon; they remarked about those plagued with "nerves," "melancholy," and "the blue devils." They described extreme or unusual forms of mental illness generally as "insanity" or "lunacy." Medical practitioners tending to Civil War soldiers offered diagnoses like nostalgia and irritable heart, no longer recognized by the medical profession. Trying to discern what medical terms meant to Civil War–era actors, through the lens of scientific and psychiatric advancements that followed, is tricky and requires careful consideration of the historical context. Moreover, medical case histories, the best source for studying nineteenth-century psychiatric maladies and treatments, lack adequate personal information to draw even remotely definitive conclusions.

These significant caveats notwithstanding, my interpretation of Southern sources is greatly informed by modern medical and scientific findings and by research in a variety of disciplinary fields including sociology, psychology, neurobiology, and medicine, many of which emanate from studies of twentieth- and twenty-first-century wars. While acknowledging that circumstances and conditions of war differ markedly, and that wartime experiences are not universal, I do believe that participants in warfare, regardless of setting, experience similar feelings and reactions, including fear, apprehension, guilt, and anxiety. It is instructive, therefore, to view accounts of Southern suffering and trauma through the lens of modern science and research. To take just one example, many Southern women during and after the Civil War seemingly suffered from clinical depression. Their own words—in diaries and letters—describe feelings or symptoms associated with depression. In

fact, many Southern women plainly stated they were depressed because of the war. Contemporary studies of warfare in Asian and Middle Eastern war zones document high to very high rates of depressive behavior or stress among civilian populations. So, while nineteenth-century Southerners may not have diagnosed themselves or those around them with depression (though some did), or have linked depression to the stress of war (though some did), social scientists examining these issues today provide a greater degree of certainty that in fact what these diarists and letter writers experienced was war-related depression.[25]

Recently, historical treatments of psychological disorders like PTSD have been especially scrutinized, and rightly so.[26] The most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual* (*DSM*) requires the presence of multiple and very specific criteria in diagnosing PTSD. An extensive patient history, one based on many questions regarding exposure circumstances and symptoms, is integral to the diagnosis.[27] Obviously, nineteenth-century practitioners, unaware of such a condition, would not have asked the questions necessary to determine whether a veteran suffered from PTSD. It is impossible, therefore, for a historian to claim, with assurance, that a Civil War soldier's behaviors indicated PTSD.[28]

Given these complicated symptoms and diagnoses, and evidentiary holes, what are the options for a historian who, nonetheless, wishes to understand how a group of people in another time period experienced a traumatic event like war? The first option, not a very satisfying one, is resignation, that because an inconclusive analysis is the only likely outcome, we should avoid the topic altogether. The second, which I adopt in this book, is to concede that no matter how cautiously a historian proceeds, much of what we conclude about how nineteenth-century Americans experienced a variety of mental health ailments is grounded in conjecture. Though imperfect and imprecise, this approach nonetheless advances our understanding of how Southern men and women experienced suffering and suicide in the context of civil war and emancipation. Following in the pathbreaking work of Eric T. Dean Jr. and building on some more recent studies of Civil War medical and military history, I find that voluminous evidence strongly indicates pervasive psychological suffering in the Civil War–era South.[29] And I vociferously reject the notion that because nineteenth-century Southerners lacked command of modern scientific information and therapeutic protocols, historians cannot or should not interrogate cases of mental distress in the context of the Civil War. I concur with Jeffrey W. McClurken, who, though he concedes the importance of proceeding cautiously when considering nineteenth-century psychological ailments, nonetheless asserts that caution and skepticism should

not "preclude acknowledging the significant impact" of myriad war-related stresses and demands on Southerners' mental health.[30]

While the American Civil War is the most studied event in American history, the psychological and emotional impact of the Civil War on Americans has received far less coverage. Over twenty years ago, historian Maris A. Vinovskis chastised social historians for ignoring the effects of the war on the lives of ordinary Americans. Although much good social history on the Civil War has emerged since then, especially on gender and race, scant attention has been paid to the personal and psychological impact of loss and suffering on Southerners. In part, historians' insufficient attention on the topic might be explained by concern that any attempt to take seriously the emotional, physical, and material suffering of white Southerners, instigators of civil war in the eyes of many, might be misconstrued as sympathy or implicit support for slaveholding secessionists. After all, much of the popular and scholarly treatment of the war and Reconstruction that emerged in the late nineteenth and early twentieth centuries privileged the "white Southerner as victim" model with insidious and long-lasting results. Yet if we are to comprehend fully the human costs of the Civil War and then consider the impact of those costs, it becomes imperative to consider the circumstances in which many Southerners took their own lives and how these actions shaped perceptions and meanings of self-murder. A fundamental aim of this study, therefore, is to survey the psychological and emotional damage of the Civil War on Southerners in order to provide a fuller accounting of the war's costs on its participants.

This book heeds Vinovskis's clarion call to consider the impact of the Civil War on ordinary Americans in other ways. First, it explores the emotional culture of the wartime South, as well as the psychological costs of the American Civil War, by tracing the "emotional footprint" left by war.[31] American historians are latecomers to the history of mental illness and especially suicide. This work, then, contributes to a thin but growing body of literature on the history of mental illness generally and on suicide specifically, in the Southern region, but with implications nationally. The Civil War took a great toll psychologically on both Northerners and Southerners. It is not an exaggeration to suggest the war triggered a psychological crisis nationwide. However, certain factors dictate that Southern men and women bore a greater emotional cost than their counterparts in the North. First, a higher percentage of males served in the Confederate military, meaning that more families in the South were affected adversely by the loss or absence of a male family member or by an emotionally scarred veteran.[32] Sec-

ond, antebellum Southern families were larger than Northern families, so the burdens fell harder on Southern households.[33] The responsibility of providing for many children pushed quite a few mothers and fathers to their limits. Third, because the majority of fighting took place on Southern soil, Southerners suffered greater material and financial deprivation than Northerners. Fourth, and finally, white Southerners had to deal with the specter of defeat. So in addition to individual suffering, Southerners had to process the added burden of losing a war and forging a future, a future many white Southerners deemed hopeless.

A study of the psychological impact of the Civil War on ordinary Southerners also offers insight into the issues of national reconciliation and identity. My book follows the thread of suffering and suicide through the war and after to show that white Southerners crafted, through the collective experiences of suffering, sacrifice, loss, and despair, an identity that helped them make sense of the vast personal and national ruin. So while the findings of this book render a fuller picture of the human suffering caused by civil war, I also argue that ex-Confederates, steeped in the shared experiences of pervasive material and emotional misery that sometimes culminated in suicide, refashioned their identity on the basis of that suffering, the wellspring of important new signifiers of regional and racial difference. The experiences of defeat and war, and the suffering each engendered, forged a "community of suffering," a bond that united white Southern men and women, poor and elites, low-country and up-country, artisans and farmers, educated and uneducated, the faithful and the profane. To be sure, suffering figured prominently in the religious and cultural life of Victorian America, but the war and its devastation plunged Southerners into unprecedented depths of grief and distress, which tested the capacity of Southerners to endure emotional pain.[34] No Southerner went untouched by death, deprivation, anxiety, or fear generated by war and its aftermath. The shared experience of suffering, while varying in degree and duration, helped cultivate an identity of a defeated people during the war and sustained them after surrender. As Anne Sarah Rubin has shown, Confederates' sense of self outlasted the demise of the political edifice that was the Confederacy.[35] Suffering, and its most dramatic manifestation, suicide, anchored that identity by both politicizing and racializing misery in the postwar white South and framed who they were as a people. Misery emerged from war as a marker of distinction among white Southerners, and suicide, an emblem of patriotic sacrifice among a chosen people. The cause that was lost was honorable in no small measure because of the suffering they endured and shared. Suicide victims, among the most extreme examples of Confederate suffering, were lauded as martyrs of the cause.

Of late, it has become fashionable to speak of the "dark turn" in the historiography of the Civil War.[36] Eric T. Dean Jr.'s comparison of the psychological effects of war on veterans of both the Vietnam War and the American Civil War, *Shook over Hell* (1997), stands as the first big work to focus on the underside of battle, although Drew Gilpin Faust's seminal monograph *This Republic of Suffering: Death and the American Civil War* (2008) is certainly the most influential treatment of a "dark" Civil War subject. Since then, Civil War historians increasingly have been drawn to topics that speak to the gritty, realistic side of the war: death, suffering, cowardice, disease, amputation, atrocities, and mental illness.[37] Implicitly or explicitly, the authors of such works counter triumphalist treatments of Civil War history that privilege generals, military strategy, and battlefield heroics, and that too often sanitize war's uglier side, ignoring or minimizing the suffering and failings of common soldiers and civilians. Historians of "the dark turn" insist that the *consequences* of battle tactics, technological advances in weaponry, military leadership, and politicians' machinations, important to be sure, receive their due. Besides illuminating topics—death, amputations, ruined landscapes, and war trauma, for example—that largely have escaped the attention of historians, the "new revisionists" seek to uncover the ordinary lives of men and women affected by the war. In essence, these historians seek a more realistic, comprehensive view of Civil War history. A major aim of this book, to unlock some of the hidden histories of ordinary men and women, and to gauge how they were affected by war, aligns with the focus, sensibilities, and approaches of "dark turn" history.

It is important to note, however, that merely focusing on "dark" topics like suicide and psychological distress does not imply these experiences were typical in the Civil War–era South. Many, if not most, Southerners emerged from seismic events like civil war and emancipation with their psyches seemingly intact. The majority of Southerners did not require institutionalization, nor did they take their own lives. Many soldiers proved resilient under trying conditions; most appear to have successfully reintegrated into civilian life after the war, although there is no way to know for sure. Historians lack the means to measure the pervasiveness of mental strain or illness among Southerners during or after the war, so it is impossible to speak of a "typical" experience. Certainly those who killed themselves or who ended up in asylums represented the most severe cases of those suffering from war's fallout. But bringing scholarly attention to war-related emotional and psychological struggles of the South's men and women does not "overemphasize" trauma, as a few critics of "dark turn" scholarship have charged. Instead, it better in-

forms us about the broader social, cultural, and personal landscape of the wartime and postbellum South, provides insight into the meaning of suffering for a wider spectrum of people in the nineteenth-century South, and both enhances and complicates our understanding of the varied Civil War experiences. Within these pages are the men and women for whom war truly was hell.[38]

In addition to examining the effect of war-related pressures on the mental well-being of Southerners, a study of wartime suicide in the American South, steeped in dislocation and pervasive suffering, reveals social and cultural developments ushered in by civil war. Among the most salient of these was the change in attitudes toward those who took their lives, which evolved over the course of the nineteenth century. Most antebellum Americans roundly condemned suicide in moral and religious terms. Religious doctrine decried suicide as a mortal sin, as ministers and priests railed against the act as an encroachment on God's supreme authority. Virtually all Protestant sects in nineteenth-century America regarded suicide as a form of murder and so denounced it as sinful.[39] Antebellum Southerners' views on suicide mirrored those of the major national denominations' teachings. A prewar novel, for example, written by an Alabama senator, denounced "the cowardly grave of the suicide."[40] A poem published in 1860 by a Georgia woman, titled "The Grave of a Suicide," mocked a female suicide victim: "The child of guilt and pride; / Who scorned to live with those who spurned her here." The poetess admonished, "Tears cannot wipe the sin from off thy soul, / Nor blot from off her lifeless form its stain."[41] A University of North Carolina student, recounting in February 1861 that a classmate of his had overdosed intentionally on laudanum, acknowledged the horrific consequence of suicide: "A self-murder as this has received the awful doom which sentences him to eternal death."[42] Secular and religious minds in the antebellum South concurred: suicide was sinful and disgraceful.

When despairing Southern men and women took their own lives before the Civil War, the acts were viewed as evidence of spiritual failing and the victims judged as unwilling to bear life's trials as Christ had modeled. A Louisiana newspaper in 1841, for example, reprinted a Baltimore account of a young woman who hanged herself because her beau refused to marry her. "Had she feared God as much as she appears to have loved man," the newspaper chided, "she would have wiped her lover's last kiss from her lips, and been resigned to the loss of a heartless wretch." The newspaper ridiculed the love-struck woman for her fatal deed and withheld compassion because she

had failed an earthly test. Instead of trusting God to see her through her tribulations, she succumbed to one of many life difficulties and became a cautionary tale of what happens when God's followers fail to heed calls to forbearance in the face of adversity.[43]

The war helped to temper the harsh, judgmental and contemptuous posture toward suicide that prevailed before the Civil War. A more empathetic ethos regarding self-murder emerged during the war and then flourished after, eventually transforming a societal and religious taboo to, at times, a heroic act often associated with patriotism, sacrifice, and bravery, which, by century's end, became embraced as an emblem of Confederate identity that outlived the nation that created it.

The rigid, intolerant antebellum views on suicide, propagated by doctrinal and theological precepts, gave way to a more humanitarian, secular, and sympathetic view, in no small part, I argue, due to the widespread and pervasive suffering experienced by Southerners. With the experience of thousands of lives cut short by violent means, white Southerners began to rethink victimhood by one's own hand, too. The postwar discourse of suicide in political, medical, personal, and literary texts reflects a change in the cultural meaning of suicide in the wake of war and Confederate loss, though, to be sure, theological doctrine on suicide stubbornly resisted relaxation and was by no means completely upended. But by the end of the nineteenth century and into the early twentieth century, suicide in the South came to be viewed in many quarters as heroic and patriotic, signaling a sea change in how self-murder came to be viewed throughout much of the South. Heroic or tragic suicides emerged from the culture of sacrifice, so closely linked to the ideology of the Lost Cause and to the development and perpetuation of Confederate nationalism.

While suicide came to symbolize the ultimate sacrifice for white Confederate ideals in the postbellum years, it developed into something entirely different when committed by black Southerners. In reconfiguring the New South without slavery, the defining feature of the antebellum South, cultural markers were needed to further differentiate the races. Long-suffering white Southerners had sacrificed limbs, treasure, lives, and a way of life in a failed attempt at independence. The elevation and glorification of (white) suffering and sacrifice required the denigration or denial of black suffering. Black suicides therefore had to be sullied to further distance the experience from that of whites. African American Southerners, accused of possessing inferior and lower-functioning faculties, came to be regarded as impervious to depression and therefore only rarely suicidal. Suicide, noble and tragic, became an indicator of (white) civilization in the postwar period as measured by the extensive war-related suffering.

My commitment to explore how all Southerners—black and white, male and female, soldier and civilian—experienced suffering in the Civil War–era South requires an organizational and conceptual structure that is more asymmetrical and unconventional than is ideal. Several factors dictate a quasi-chronological organization framed around the segregated treatment of my subject groups, namely the size of the source bases, the types of sources, and the disparate circumstances of each of the various groups. For example, while soldiers generated voluminous service records, Confederate women and African Americans did not, yielding a skewed evidentiary base. Any attempt, therefore, to frame a wartime chapter that integrates all three groups, usually the preferred model, would disproportionately focus on the male soldiers. Additionally, the perennial problem of archival silence regarding African Americans precludes a separate wartime chapter for the enslaved, as I have done for Confederate Southerners, or even coverage in the same chapter as Confederate men and women, because there are so few records documenting suicide incidents among the enslaved during the war years. And because the stressors for each group varied according to their circumstances, starkly so in some cases, separate analytical treatment is warranted.

I therefore have opted to frame the book in several sections, loosely around war and emancipation and around subjects: two chapters on Confederate men and women during the war and three chapters after the war and two chapters on African Americans, one focused on slavery, the other on emancipation. In a final chapter, I step back to consider the major changes in the cultural and religious landscape of suffering and suicide in the long nineteenth century that, I argue, resulted in large part from the war. This final chapter, chronologically self-contained, is distinct methodologically from the others because it focuses on the intellectual and theological discourse of suicide, so it merits separate treatment.

The experiences of Confederate men during the war years are the subject of my first chapter. Until recently we knew little about the psychological impact of the war on Southern soldiers. Historians did not consider that a nineteenth-century war, lacking the weapons of mass destruction of modern wars, could cause serious psychological trauma among soldiers. Sources on Confederate veterans are more elusive than those on their Union counterparts, so the few published works that examine war trauma among Civil War soldiers are heavily skewed to Northern subjects. Nonetheless, Confederate soldiers maneuvering in the war zone suffered debilitating psychological effects that sometimes resulted in institutionalization or suicidal incidents. Not surprising, Southern soldiers exposed to combat and the gruesome images of

battlefield death and mayhem (external war-related pressures) at times struggled emotionally. Southern white men also battled with cultural expectations for masculine performance in wartime (internal pressures). Constrained by masculine codes of behavior that required soldiers to display courage and honor on the battlefield, many collapsed emotionally under the combined weight of war trauma and fear of masculine failure. A number of them conceived self-inflicted death as an honorable exit from perceived dishonor and shame, even if relatively few acted on those thoughts.

Confederate women, too, suffered psychologically as a consequence of war. Building on well-established scholarship that casts the Civil War as a crisis in gender, I examine in chapter 2 the impact of emotional trauma on Southern white women living in and around the war zone and suggest that many Confederate women, unaccustomed to new roles as provider and household head, found the added demands of war unbearable and succumbed to mental illness and sometimes suicide. War necessitated the withdrawal of menfolk from their households, which had dire consequences for women. The most vulnerable white women in the South, young mothers and widows, suffered disproportionately as measured by their higher rates of institutionalization and by their more frequent engagement in suicidal activity. They may well have comprised a minority of Confederate women's experiences, but their stories and trials merit telling in the story of gender and the Civil War.

Chapter 3 surveys suicide among the enslaved, a practice long recognized by historians of slavery. While most historical treatments of slave suicide frame it within the resistance model, I argue for the adoption of a neo-abolitionist perspective (initially embraced by antebellum anti-slavery activists) that looks to the individual circumstances of the enslaved who killed themselves, in part because this approach more fully honors the suffering (and full humanity) of the enslaved and their decisions to end suffering with self-inflicted death. As the formerly enslaved welcomed emancipation, they, too, suffered emotionally in the postbellum period as they negotiated the terrain of a war-torn region. Some of these died by their own hands. This is the subject and focus of chapter 4. Although fewer records of African American suicide exist, I have located a number of suicides by formerly enslaved people, like the unwell Virginia freedman described as "dispirited and apparently without aim or object."[44] Southern whites, though, refused to concede that the region's African American population suffered and clung to the belief that they were not prone to suicide, despite a postwar explosion of black inmates in insane asylums, including some who were suicidal. Southern whites constructed racialized explanations and diagnoses for the rise of black insanity in emancipation, for which, they claimed, ex-slaves were ill-prepared.

Chapters 5–7 return to white Southerners and their experiences in the postwar South. Veterans returned home, many of them mentally broken and barely recognizable to loved ones. The scars of battle trauma were now compounded by the humiliation of defeat, the destruction of the Confederacy and fears for the future of the former slaveholding republic, financial ruin, political impotence, and damaged farms and plantations. The daunting challenges of the postwar period, to rebuild the devastated region, to repair the shattered economy and infrastructure, and to reconstitute families, fell to men, whose identities as men had been undercut by war and defeat. Chapter 5 traces the trek of Confederate veterans as they attempted to reintegrate into civilian life, despite the myriad struggles related to their military service. Former POWs, amputees, alcoholics, and addicts struggled to regain status in the home and in the public sphere. Chapter 6 examines the plight of Southern white men, who faced financial ruin and deprivation in a postwar South in which employment opportunities and personal fortunes vanished. "Loss of property" and "pecuniary difficulty" account for many Southern men's suffering and suicidal episodes after the war. Financial failure fell especially hard on male heads of household, whose identities fused with their ability to provide for their families. Scores of Southern men after the war struggled to cope with economic ruin and loss, sometimes with tragic consequences.

Jane Turner Censer has noted how little scholarly attention has been paid to white women after the war, surprising given the voluminous works on white women in the antebellum and Civil War South.[45] Chapter 7 seeks to address this imbalance by exploring the emotional and material suffering of white Southern women after the war. Scholarly and popular treatments of Confederate women after the war, abetted by Lost Cause efforts, overwhelmingly have emphasized their resiliency and fortitude. This emphasis, while not without some basis in fact, obscures the extent to which many Southern white women struggled in the wake of postwar economic disaster and personal tragedies tied to the war. This chapter surveys the numerous challenges ex-Confederate women faced and the psychological toll they sometimes exacted. Mounting debt, high taxes, loss of property, geographic dislocation, altercations with former slaves, troubled marriages, and grief over the deaths of loved ones contributed to profound individual suffering that resulted in the institutionalization or even suicide of many white women. A reconfigured South depended on a bedrock of resilient families and communities. With Southern families fractured and tormented, the foundation on which a defeated, demoralized people expected to raise a healthy, new edifice would prove shaky.

The final chapter, chapter 8, surveys the long nineteenth century with an eye toward assessing how suffering and suicidal activity during the war

ushered in cultural and religious changes in ideas about suicide and the importance of those changes in laying the groundwork for a new Confederate identity. The psychological crisis that grew out of the Civil War remapped the cultural and intellectual contours of the region. The scourge of war-related psychiatric casualties altered long-held axioms about suicide, yielding, if haltingly at first, a more tolerant, nuanced understanding of self-destruction as a response to suffering, one that found expression in sympathy and compassion for suicide victims. As (apparently) increasing numbers of men and women died by their own hands, suicide became more familiar in Southern society. All Southerners knew someone who had committed or attempted suicide, if not personally, then from newspaper accounts. Suicide was no longer a mere hypothetical act of desperation most Southerners had been socialized to despise and condemn. Many may not have approved, but they understood. More routinely, denunciations of suicide were replaced with compassionate resignation. The act of suicide denotes, Lisa Lieberman writes, "dissatisfaction with the present and a repudiation of hope in the future."[46] All white Southerners, and many African Americans as well, remained deeply unhappy with their circumstances during and after the Civil War and saw little reason for optimism in the future. Death by choice, "the ultimate way out of emotional, social, or economic problems that appear insoluble," as an avenue of escape, made sense.[47] Southerners killed themselves foremost as a way to end their suffering and to exit an inhospitable, unfamiliar, frightening world. It was their new reality.

Historian Stephen Berry, musing about future trends in Civil War historiography recently offered that "war is about *damage*, even at its most heroic, even when certain people and things deserve to be damaged."[48] While wars often bring out the best in people, including heroic displays and great personal sacrifice, and introduce opportunities that did not and would not exist outside of war, war has an ugly side. It damages. It damages landscapes. It damages economies. It damages infrastructure. It damages people, their minds and their souls. What follows in this book is simply a story about how the Civil War psychologically and emotionally damaged Southerners, and how that psychological injury shaped the contours of the New South.

PART I

Confederate Men and Women during the Civil War

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Chapter 1

A Burden Too Heavy to Bear

War Trauma, Suicide, and Confederate Soldiers

> Sacred to the Memory of Col. Thomas Pickens Butler who Died in Richmond, Va., on the 21st of February 1862 in the 45th year of his age. Having been in the service of the Confederate States from the commencement of the war for Southern Independence. He was a Patriot of warm impulses and devoted fidelity. He was generous and brave, kind to all, and had few, if any enemies. He had his frailties,—who has not? May God forgive us all! He sleeps with his Fathers in Carolina soil, and we will cherish the memory of his nobler qualities. Requiescat in pace. As a tribute of love, this marble is placed over his grave by his Widow, Children, and brother William P. Butler.
>
> —Gravestone of Thomas Pickens Butler

Thomas Pickens Butler checked into room number 4 of the Columbian Hotel in Richmond on February 19, 1862, probably while on assignment for the commissary department of Kershaw's Brigade. His age—he was forty-five—likely explains why he was not engaged in active combat with his company. The South Carolina attorney and Mexican War veteran enlisted early, even before the firing on Fort Sumter, demonstrating his exuberance for the Confederate cause. He never saw combat, though. On July 21, his regiment engaged in the first battle of the war, Bull Run, but by that time he had been safely ensconced in administrative work. Friday evening, February 21, was the last time Butler was seen alive. He received a visit from a hotel servant offering refreshments, which he declined. The next morning, a passerby noticed blood oozing from underneath the door of room number 4, prompting someone to break down the locked door. They found the "unfortunate" man "weltering in his gore" with a newly purchased Bowie knife at his side, which had been used to inflict several wounds, the *coup de grâce* of which was a fatal slicing of his throat."[1]

There is no way to know why Butler killed himself. Indeed, historians can never truly know why a person committed suicide. Genuine motives, or what actually impels an individual to take his or her life, are impenetrable.[2] Even suicide notes written by suicide victims themselves need to be understood as attempts to shape the narratives of their deaths rather than as evidence of

"true motives."[3] Nonetheless, historians of suicide can learn a great deal by turning to the explanations offered by witnesses or loved ones. How did contemporaries interpret the suicide? What meaning did they attribute to the act of self-murder? What factors did they view as instrumental in causing a suicide? Reasons for suicide offered by a neighbor or comrade speak to their own understanding of day-to-day experiences or engagement with this individual and are inflected by the shared economic, social, and cultural conditions in which they occurred. The words of witnesses, loved ones, and newspapers speak authoritatively to the local context of the suicide and the place of the suicide within those circumstances.[4]

In Butler's case, there are two pithy references to his suicide from which to glean motive. The first is his gravestone. The inscription offers a vague clue linking undisclosed "frailties" somehow to his death. The decision of the family members who composed the inscription to include what they perceived as a character flaw in an otherwise glowing memorial stands out as unusual, but the candid acknowledgment may have been viewed as necessary given the highly public manner of death. Or, perhaps, "frailty" was coded language for the manner of death, self-murder. Regardless, the family determined to memorialize his "nobler" qualities: he was dutiful, patriotic, honorable, devoted, honest, kind, and loved. Despite the horrific manner of death, his family still loved, venerated, and, it seems, forgave him.

The second pithy reference to Butler's suicide appears in the Richmond newspaper, which reported that the "rash act" had been precipitated by "temporary insanity, produced by some unknown cause." The newspaper offered no motive except to cite the coroner's findings, suicide "while in an aberration of mind."[5] When the trigger for a suicide was unknown, reporters, observers, and coroners typically attributed the cause to the nondescript, ambiguous "temporary insanity"—a catchall term meant to indicate loss of rational thinking, an assumption predicated on the belief that no sane person would take his or her own life. In the nineteenth century, suicide was *prima facie* evidence of insanity, a diagnosis that assuaged those who condemned suicide as cowardly and sinful. By declaring Butler temporarily insane, neighbors, families, and newspaper readers readily forgave him this rash act: he was not in his right mind.[6]

Butler's suicide occurred in the context of the American Civil War, one of many suicides committed, attempted, or contemplated by uniformed men and boys while in the service of the Confederacy.[7] While the circumstances of soldier suicidal activity vary widely—age, duration of service, rank, class, service branch or job, location, exposure to battle, marital status—the one thing all had in common was service in the Confederate army. That is not to say that the motives of all soldier suicides were connected directly to the

war. The etiology of suicidal behavior is extremely difficult to discern, especially so in a historical context. Butler's decision to die by his own hand may not have been related directly to the war and his role in it. He may have been preoccupied by family or financial matters. Maybe he inherited a depressive disposition. But his death occurred in a war zone. At the very least, the war was a backdrop and, more likely, a proximate or contributing cause of his suicide. Military obligations, in particular restrictions on mobility, would have impeded a soldier's efforts to attend to pressing personal, emotional, or family issues.[8] Even if personal matters unrelated to war—domestic or financial concerns, for instance—can be shown to have "caused" his "temporary insanity," factors tied to the war would have exacerbated Thomas Butler's distressed mental state: being away from home without traditional support systems, being subjected to military supervision and control, worry about the future of the new Confederate nation, guilt about leaving family alone, and concern about the welfare of loved ones in harm's way, including a twenty-two-year-old son, A. Pickens Butler, who enlisted in 1861 but contracted an illness in camp and never made it to the front.[9] The constraints and conditions under which soldiers lived hindered the ability to manage their mental well-being. Thus, when searching for the cause of suicidal actions by soldiers, the war as an indirect cause, at minimum, needs to be taken seriously. Studying self-inflicted deaths by Confederate soldiers, therefore, offers an opportunity to explore how soldiers responded to pressures, both internal and external, in the setting of war and why some turned to suicide. As well, cases of soldier suicide permit the interrogation of the relationship between suffering and suicide generally and gendered notions about manhood, cowardice, and martial success, all of which came into play for Southern men in the military. Individual soldier suicides, when considered collectively, also inform a larger understanding of the psychological impact of the war on its participants.

In addition to appreciating how soldiers experienced suffering and suicide in wartime, reactions to those suicides, such as the news account of Butler's death, serve as a way to gauge the impact of suicides on others and to examine attitudes toward suicide and those who took their own lives. The *Richmond Daily Dispatch*, which published the story of Butler's suicide, described those on the scene—inquest jurors, witnesses, reporters—as eager to know why he killed himself. In fact, implicit in almost all responses to wartime suicide was a fundamental need to understand the motives of self-murder. "Why did he do it?" Sources rarely answer this question to the satisfaction of historians, but the reasoning exposed in raising and answering this question is very instructive, as it uncovers attitudes about suicide and traces how those attitudes changed in response to conditions of war.[10]

Civil War soldiers are among the last participants in American wars to become the focus of scholarly inquiries about the effects of war trauma.[11] Eric T. Dean Jr.'s *Shook over Hell*, the first substantive, historical treatment of Civil War soldiers and the impact of post-traumatic stress, rightly notes that historians have pinpointed World War I as the watershed of military psychological casualties and, in doing so, have given short shrift to nineteenth-century soldiers, minimizing or even ignoring their emotional and psychological suffering.[12] Studying Civil War soldiers in conjunction with recent findings about war trauma and neurological impairment makes clear these men were greatly affected by combat stress. Even a cursory glimpse at asylum records, diaries, and wartime newspapers reveals a virtual epidemic of emotional and psychiatric trauma among Confederate soldiers and veterans that manifested in a wide array of physiological and psychological symptoms.[13] Institutionalization and even suicide occurred in the most extreme cases. Although those living in mid-nineteenth-century America could not diagnose the psychiatric ailments afflicting soldiers and veterans, nor did they possess the scientific or medical theories of later years that causally connected wartime experience with psychiatric distress, contemporary observations by physicians and asylum supervisors, as well as military personnel, did recognize signs of what today we would label mental illness. Often they dismissed symptoms of stress and anxiety as cowardice, shirking, or malingering. Cases of "nostalgia," "irritable heart," or "the blue devils"—which at times manifested psychiatric symptoms—proliferated throughout the war and after. As well, the patient registers of insane asylums, where the most seriously afflicted soldiers ended up, denote a wide array of diagnoses including insanity, mania, derangement, melancholy, and dementia.[14] Importantly, however, because medical practitioners privileged somatic, hereditary, and moral factors in diagnosing psychiatric disorders, they failed to understand that experience or environment could affect the mind. Such knowledge, linked to the rise of psychoanalysis, would not emerge until the turn of the century. Consequently, the psychic manifestations of trauma largely went uncorrelated to battlefield experiences by contemporaries. Historians, therefore, look in vain for examples of Civil War actors reporting causal links between the experience of war and the plethora of psychological and social dysfunction among soldiers and the experience of war.[15] Nonetheless, bountiful evidence points to widespread mental duress experienced by Civil War soldiers.[16]

The brutal and protracted experience of war, and the suffering it engendered, forced Confederates, both soldiers and civilians, to reconsider the meaning of many traditional convictions and ideals to which they had clung

when the war began. None of these notions changed more than that of masculine courage, as argued by Gerald Linderman. At the war's outset, courage was defined as heroic action, unflinching stoicism in the face of danger, and the ability to face peril without exhibiting fear. Corollaries stemming from the ideal of courage included dying the good death and the belief that bravery protected soldiers. On the battlefield, the likes of Stonewall Jackson and J. E. B. Stuart, who appeared indifferent to and unaffected by risks in battle, personified courage. Launching a charge across an open field defined martial courage. Over time, the grinding, lethal, and sustained experience of war chipped away at the pantheon of courage, baring its obsolescence. The flip side of courage, cowardice, likewise evolved over the course of war. Constructing breastworks or seeking shelter behind a tree, early on denounced as cowardly, came to be embraced as practical and prudent. Similarly, soldiers who exhibited signs of psychological debilitation forced a reconsideration of the association of psychiatric breakdown with cowardice. Strong, virtuous men, not merely the weak and unvirtuous, broke down in the field, compelling Confederate men and women to rethink the stark and rigid dichotomy of courage and cowardice.[17] As psychologically incapacitated soldiers were discharged and sent home or hospitalized, or as word spread in a neighborhood about a soldier who had committed suicide, the reality of war resonated with those on the front lines as well as those at home, causing many to reassess the high, inflexible, and unrealistic standards for manly comportment in a war zone. Given the mounting evidence of pervasive emotional suffering among Confederate soldiers, which only intensified as the war continued, even suicides, though rare, tended to be treated with a level of understanding and empathy not in evidence before the war.[18]

Central to any understanding of how the war and the suffering it unleashed altered ideas about men's courage are the stories of those soldiers in the war zone who proved unable to endure the rigors of warfare. Against the backdrop of the Civil War, a study of suicide and emotional suffering allows for an exploration of why some soldiers took their own lives (when most did not) and how those suicides were regarded by others. By examining characterizations and treatments of soldier suicides by white Southerners, we can better assess how the experience of the Civil War changed ideas about suicide. The bevy of Confederate suicides, emerging out of a larger swath of widespread psychological and emotional suffering among soldiers and civilians alike, forced a reconsideration of harsh attitudes about suicide by white Southerners, many of whom began to challenge long-standing religious and cultural taboos about suicide by expressing compassion and support for the Confederacy's suicidal victims.[19]

In the wake of the firing on Fort Sumter and Abraham Lincoln's call for troops, white Southern men and boys flocked to recruiting stations. Consumed by a *rage militaire*, thousands enthusiastically took up arms to defend their nascent nation. The martial exuberance of the "Boys of '61" was matched by the patriotic fervor of their womenfolk, who, despite personal reservations, implored their sons and husbands to enlist.[20] Those who wavered risked being shamed into volunteering, a form of coercion one historian has called "sexual intimidation."[21] One Alabama woman broke off her engagement when her fiancé failed to enlist. To shame him further, she sent him a package containing a skirt and pantaloons with a note that read, "Wear these or volunteer."[22] Failure to take up arms for the Confederate cause negated one's manhood and compromised a man's standing in the community. As Georgian Samuel David Sanders remarked about his own enlistment, "I would be disgraced if I staid at home."[23] Men, especially Southern white men, well understood the expectations Victorian society demanded of them in wartime. Honor and duty required their martial participation. (See figure 1.)

The combination of nationalistic exuberance and pressure from family and community members to join the fratricidal fray thrust Southern white men, many barely men, toward the front lines. To resist would expose a Southern white man to questions about his manhood as well as commitment to nation. One's masculine identity, therefore, was inextricably linked to the role of citizen-soldier.[24] With enlistment and departure to camp and then the front lines, however, came two things: first, the realization that war was no child's play and, second, time to contemplate what may lay ahead for a soldier. While many a green soldier longed to "see the elephant," eagerness inevitably gave way to anxiety.[25] Most recruits punched through that initial hesitation, but some became emotionally paralyzed and unable or unwilling to fight. Some frightened soldiers, "malingerers," "skulkers," and "shirkers" as they were called, found ways to avoid battle, such as abandoning their positions in line, feigning illness, and sneaking to the rear.[26] Some hid. A few soldiers resorted to self-mutilation to avoid duty, such as the Tennessee soldier who ate hot coals to secure a discharge.[27] In more extreme instances, soldiers took their own lives to escape battle, some before arriving at the front.

Apprehension about the impending inaugural battle engagement may explain cases of Confederate recruits committing suicide en route to their military assignments from camp. Using modern studies of military psychiatry alongside fragmentary evidence suggests that some young men opted for death at their own hands rather than face the uncertainties of battle. A few never made it out of camp. The *Richmond Daily Dispatch*, for example, reported that a soldier identified only as E. White committed suicide while in camp near Savannah, Georgia, in October 1861.[28] A German soldier named

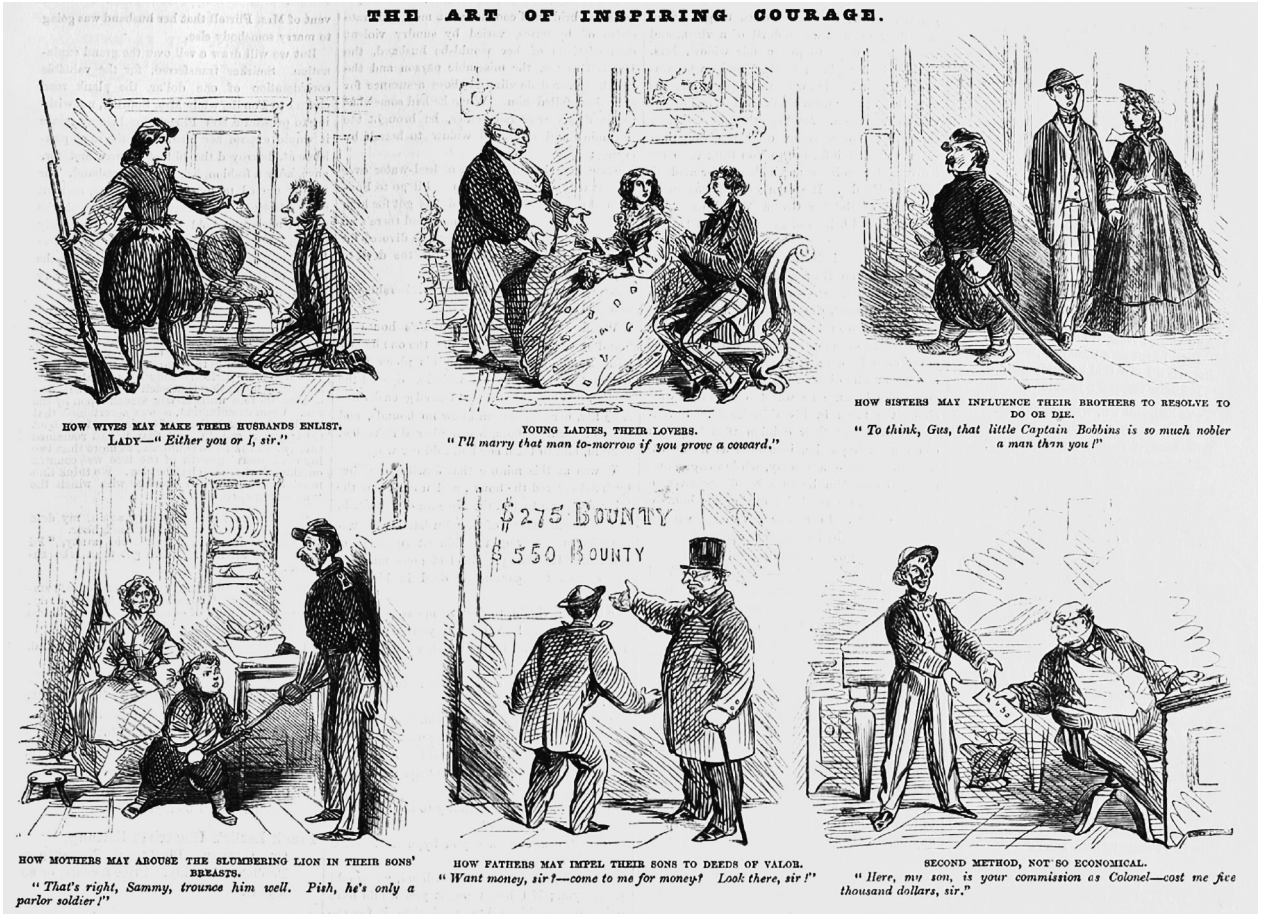
THE ART OF INSPIRING COURAGE.
HOW WIVES MAY MAKE THEIR HUSBANDS ENLIST.
LADY—"Either you or I, sir."
YOUNG LADIES, THEIR LOVERS.
"I'll marry that man to-morrow if you prove a coward."
HOW SISTERS MAY INFLUENCE THEIR BROTHERS TO RESOLVE TO DO OR DIE.
"To think, Gus, that little Captain Bobbins is so much nobler a man than you!"
HOW MOTHERS MAY AROUSE THE SLUMBERING LION IN THEIR SONS' BREASTS.
"That's right, Sammy, trounce him well. Pish, he's only a parlor soldier!"
$275 BOUNTY
$550 BOUNTY
HOW FATHERS MAY IMPEL THEIR SONS TO DEEDS OF VALOR.
"Want money, sir?—come to me for money? Look there, sir!"
SECOND METHOD, NOT SO ECONOMICAL.
"Here, my son, is your commission as Colonel—cost me five thousand dollars, sir."

Figure 1 Women in the North and South, in their attempts to coerce men into signing up for military service, mocked the manhood of husbands or lovers who refused to enlist in military service. "The Art of Inspiring Courage," *Frank Leslie's Budget of Fun* (October 1863). Courtesy of the American Antiquarian Society, Worchester, Massachusetts.

Thomas Stringham, entrenched in camp near Norfolk, Virginia, killed himself that same month by cutting his throat.[29] Kentucky senator John Crittenden's grandson, a twenty-six-year-old private named Coleman, attached to a company of the 1st Florida Regiment, likewise cut his throat in August 1861 while stationed near Pensacola. No explanation was offered other than he had been "under a state of mental derangement."[30] A fearful Alexander Ridings of North Carolina, father of eight, hanged himself after being forced into the army in the spring of 1864. Before this, he had been able to avoid service by providing substitutes.[31] A bitter father-son conflict appears to have driven one young Southern man to self-destruction. In the summer of 1861, a unionist father in Tennessee threatened to disown his twenty-year-old son if he took up arms against the United States. The impetuous young man disregarded his father's wishes and joined up with a Confederate company ("the excitement of the rebel war proved too seductive"), but began having second thoughts shortly thereafter. A few days later he became despondent over his decision; his mind flooded with thoughts of the "dear home and gray-haired father he had left." He ended his life by cutting his throat.[32]

On occasion, Confederate officers, like enlisted men, took their own lives. The captain of a North Carolina militia company shot himself at Fort Hill, in the eastern part of that state, in February 1862.[33] Lieutenant C. E. Earle of the Palmetto Guard of the 4th Regiment of South Carolina Volunteers flung himself out of a sixth-floor window of the Ballard House hotel in Richmond in the summer of 1861, breaking his skull, arm, and legs, killing him instantly. Temporary insanity and a family history of mental illness were offered up for the Greenville native's self-destructive act. He had been expected to depart for Manassas the next day.[34]

Suicidal soldiers rarely left behind evidence explaining the motives for their decisions to end their lives, so reasons for individual soldier-suicides remain hidden. Most intriguing, though, are these cases of fresh Confederate recruits who committed suicide before ever seeing battle, experiencing combat fatigue, or witnessing human carnage and death, triggers often associated with psychiatric collapse during wartime. In his study on psychiatry and war, Richard A. Gabriel notes that during World War II thousands of recruits suffered "fear reactions" in anticipation of being sent to the war zone. Indeed, World War II units on alert for deployment saw an uptick in somatic symptoms associated with anxiety, such as heart palpitations, abdominal pain, and vomiting. The number of self-inflicted wounds and accidents also rose among units preparing for imminent deployment.[35] Confederate soldiers anticipating live fire for the first time who committed suicide likely experienced similar "fear reactions." The prospect of direct

enemy engagement could understandably provoke fear and anxiety—fear of dying, fear of killing, fear of the unknown.

White Southern men also worried mightily about failing. The ideals of "courage, manliness, and self-control," which Earl J. Hess identified as steadying Northern soldiers in battle, also animated Southern soldiers, inducing them to view battle as a "supreme test of their character."[36] Courage in the face of battle became *the* critical test of manhood during the Civil War. In fact, in many ways the Civil War stands as a test of manhood.[37] Unsure how they might perform under fire, many soldiers considered the ramifications of faltering. As James M. McPherson, Hess, and others have argued, apprehending the dire consequences of behaving improperly under fire, not the least of which was being tainted as cowards, motivated most Civil War soldiers to persevere and control their fears.[38] In extreme cases, though, the burden of anxiety about manly and honorable performance under fire prompted some soldiers to consider suicide, a more palatable option to some than the risk of appearing cowardly.[39] A World War I anecdote relayed by Lord Moran, personal physician to Sir Winston Churchill and World War I veteran, offered insight into the warrior's apprehension about cowardly deportment under fire. He recalled how a British sergeant killed himself, opining that "he could not face war and was not certain what he might do and had taken the matter into his own hands before he did something dreadful that might bring disgrace on himself and on the regiment." The act struck Moran as reasonable: "He was ready to go out of this world, but it must be in his own time and in his own way."[40] The same logic may have animated a Confederate recruit who imagined that suicide would spare him the humiliation of failing in battle, the shame at letting down his comrades, family, and nation, and the taint of cowardice that would surely follow. In a society that exalted honor and in which men's sense of self-worth and personal identity hinged on reputation, an act of cowardice on the battlefield might dog a Southern man long after the guns had silenced.[41]

Soldiers who fretted about failing under fire had good reason to worry about repercussions or retribution. Soldiers labeled as cowards risked both formal and informal sanctions for acts of battlefield cowardice. (See figure 2.) Stragglers, malingerers, and skulkers in both armies might be shot, sentenced to hard labor, or publicly whipped, as was the Confederate custom.[42] A Virginia private recounted witnessing the whipping of a soldier court-martialed for cowardice at the Battle of Sharpsburg, a spectacle so horrific even the executioner's eyes filled with tears.[43] Informal censure, though, could sting just as badly. An accusation of cowardice by one's comrades could elicit ridicule and condemnation, so much so that gravely ill or injured soldiers sometimes forced themselves into battle to avoid the appearance of

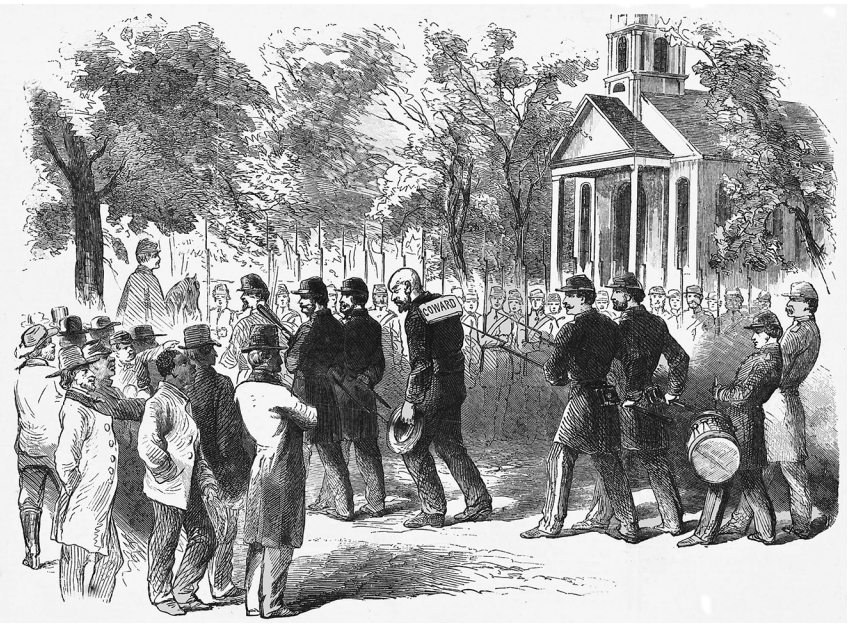

Figure 2 Soldiers in both armies feared the moniker of coward; punishments included shaming, corporal punishment, even death. *Harper's Weekly*, June 28, 1862. Courtesy of University of North Carolina Libraries.

feigning illness. Worries about a lengthy convalescence, hospitalization, and eventual furlough weighed heavily on Washington N. Easterby, a private in the Charleston Battalion. In early 1863, a urological ailment kept him from his company for a protracted period of convalescence. Concern about his absence from his company slipped into psychological instability as he became incoherent, "wildly raving," and sometimes not sleeping for days. Physicians deemed Easterby insane and transferred him to the South Carolina insane asylum. Easterby's concern that his comrades might misconstrue his illness and furlough as malingering weighed so heavily on him that it contributed to his mental deterioration. He believed he had disgraced himself by receiving a medical discharge.[44]

In the nineteenth century, masculine courage was equated with fearlessness; acknowledging fear to one's self or another amounted to cowardice. As one Texas soldier confided to his wife, "Fear makes cowards of the most of us."[45] According to historian Gerald Linderman, Civil War soldiers construed courage as "heroic action undertaken *without* fear." American soldiers in later wars, recognizing fear as a natural by-product of combat, redefined martial courage as acknowledging but controlling one's fear. Civil War soldiers, though, who manifested or voiced the slightest signs of anxiety or worry be-

fore or during battle would be regarded as lacking courage, as cowards. "Fear was not an anxiety to be shared but a weakness to be stifled."[46] "Deep mortification" at being labeled a coward drove a Confederate seaman to suicide after he had been charged officially with cowardice, resulting in his being busted from the rank of lieutenant to private. Messmates intervened when a distraught Marion Stevens attempted to cut his throat, although eventually he succeeded in killing himself after seizing a pistol, putting it to his forehead, and firing. Witnesses in the Stevens case connected the act of self-murder to allegations of cowardice.[47]

"Fear reactions" resulting in suicidal behavior among Confederate soldiers, notably those merely facing the prospect of battle, underscore the anxiety experienced by civilian-soldiers but also reflect the circumstances and characteristics peculiar to the Civil War generally and to Southern soldiers particularly. The suicides of encamped Confederate soldiers may be traced to the sudden call to arms that precluded the creation of a selective recruiting structure or process to screen out volunteers psychologically unfit for duty. During World War I, American officials had known about English soldiers breaking down in camp before deployment and consequently instituted a program designed to identify and exclude those recruits likely to falter or collapse under pressure.[48] The field of psychiatry at the start of the Civil War had not yet developed sufficiently to permit such considerations. Later in the war, the Union army established criteria to exclude men who showed signs of "manifest imbecility or insanity," but in practice dismissed few for these reasons (6.6 men per 1,000).[49] The standard of "imbecility or insanity" would not have covered men merely prone to anxiety or those lacking overt symptoms of severe mental instability. Recruits also had incentive to mask manifestations of stress or fear and likely hid signs of anxiety from their screeners. Perhaps most importantly, as the war continued Confederate officials could ill afford to hyper-scrutinize soldier-recruits' psyches, to weed out those believed to possess "nervous" demeanors or tendencies; they desperately needed soldiers.[50] Unless a recruit's mental state was compromised severely and obviously, he was not likely to be rejected for duty.

More than a hasty onset of war or lack of procedures to identify recruits predisposed to psychological disorders, the youthfulness of the Confederate army rendered its soldiers particularly susceptible to combat anxiety. High-ranking U.S. medical personnel during the war questioned the fitness of its soldiers not yet out of their teens. Surgeon General William Hammond reported a detrimental psychiatric impact on U.S. recruits when the Army lowered the minimum age for enlistment from twenty to eighteen in 1862. "Youths of this age are not developed, and are not fit to endure the fatigues and deprivations of the military life. They soon break down, become sick, and

are thrown upon the hospitals." Despite the need for manpower, Hammond recommended returning to age twenty as the minimum age for enlistment. Surgeon DeWitt C. Peters believed teens were "not sufficiently matured in mind and body to undertake successfully the arduous duties of a soldier."[51] While the median age of a Confederate volunteer in the Army of Northern Virginia in 1861 was twenty-four, a substantial number were in their teens when their military service began. One in seven enlistees in the first year of conflict was eighteen or younger. As Linderman notes, in both armies "eighteen-year-olds constituted the single largest age group during the first year of the war."[52] Another way to consider the youthfulness of the Southern army is to note that nearly 30 percent of Southern men who served in General Robert E. Lee's army were born after 1840 and that one in ten was sixteen or younger when Lincoln was elected president in 1860. Thousands of Confederate soldiers who enlisted or were drafted began soldiering as teens. The widely accepted figure of one million men and boys who served in the Confederate army suggests, then, that throughout the course of war about one-quarter of a million were teen soldiers at one time. The war was indeed, in the words of military historian Joseph T. Glatthaar, "a younger man's fight."[53] Although the ages of most of the suicidal soldiers in the earliest part of the war are not known, it seems likely many were young and therefore more predisposed to combat-related stress and less equipped to manage that stress. While no systematic health analysis of Confederate veterans was undertaken, we can extrapolate from a recent study of 15,000 Union veterans, which concluded that young veterans (those under age eighteen at enlistment) possessed a 93 percent greater risk of developing signs of physical and nervous disease than older soldiers and were at increased risk of early death if they had witnessed during the war.[54] This finding echoes contemporary accounts noting that young recruits especially were prone to "nostalgia," a disorder defined as "a species of melancholy, or mild type of insanity, caused by disappointment and a continuous longing for the home."[55] U.S. Army surgeon DeWitt C. Peters even drafted a paper titled "The Evils of Youthful Enlistments and Nostalgia," based on his impressions that teenaged recruits were highly susceptible to mental disorders including homesickness.[56] The youthfulness of Southern soldiers, many away from their homes for the first time, may explain why some resorted to extreme measures like suicide even before reaching the front lines. Dislocation and the fracturing of family ties disoriented many a young Civil War soldier given the centrality of home in nineteenth-century American culture. Home denoted much more than mere place. As David Anderson has posited, home is a "conglomeration of memories and senses, it is the knowledge and familiarity of locale; home articulates belonging." When Civil War soldiers were denied the comforts of home and

the familial connections associated with home, often their mental and physical well-being suffered. The severing of ties to family and community could trigger low morale, depression, despondency, as well as a host of related physiological ailments, like disrupted sleep, frailty, hunger pains, and heart complications, in what military doctors diagnosed as nostalgia.[57] Among the soldiers least equipped to cope with the strain of impending combat and being uprooted from home, youthful soldiers, especially those from the country, proved more vulnerable to physical and psychological disorders, among them, it seems, suicidal impulses.[58]

Soldiers of all ages encountered stressors like fear and homesickness that, for some, provoked the extreme reaction, suicide. But it was a soldier's experiences on the battlefield, including "witnessing death or dismemberment, handling dead bodies, traumatic loss of comrades, realizing one's own imminent death, killing others, and being helpless to prevent others' deaths," that appear to have played a major role in initiating suicidal thoughts and actions among Confederate servicemen.[59] Civil War memoirs and letters are rife with descriptions of gruesome battle scenes and soldiers' reactions. A Tennessee soldier recalled two near misses with a cannonball, one of which decapitated a fellow soldier nearby, spattering brains all over his face, the other that carried away the skull of a messmate, leaving brains in a serving dish.[60] William Pitt Chambers recorded the visceral impression of battle on a young, frightened soldier: "The screaming and bursting of shells, the whistling of shot, the ping of bullets, the shrieks of the wounded and the groans of the dying were calculated to strike terror to hearts unused to such scenes. I frankly confess that I was badly demoralized."[61] Most soldiers, like Chambers, nonetheless persevered in the face of such carnage. Some soldiers, though, became so traumatized by what they had witnessed and so fearful of dying themselves that they broke down psychologically.

Physicians, like soldiers, witnessed the horrors of warfare but bore the added strain of tending to the dying and suffering long after the smoke cleared. Decades after the war, a Confederate field doctor recalled the impact of observing the carnage following a battle: "Oh, horrors upon horrors. Who can depict the horrors of a battlefield after such butchery[?] . . . It makes me sick even now, to think of what I saw that night and the next and the next. I wouldn't, if I could, describe it."[62] Field doctors did not experience combat directly, as did enlisted soldiers and officers, but they did deal with the sickening aftermath: scores of wounded and dying soldiers, long hours and days of tending to the ill and wounded, pitiful scenes of mutilated, mangled bodies, blood and amputated limbs. Confederate nurse Kate Cumming described the shocking scenes she encountered following a major battle: "Nothing that I had ever heard or read had given me the faintest idea of the horrors

witnessed here."[63] In addition to emotional distress, wartime physicians endured exhausting schedules as they cared for the steady flow of wounded soldiers, leaving some doctors severely depressed.[64] The self-proclaimed "rebel surgeon" Ferdinand E. Daniel reminisced about visiting during the war with an "old doctor" who seemed ill, prompting Daniel to inquire about his health. No, he replied, he was not ill. He had just looked "thro[ugh] the wrong end of my retroscope, contrary to my principles." In other words, he had paused to contemplate the sights and sounds of the battle-wounded, stirring "a whole lot of unpleasant recollections," which rendered him despondent. "I haven't gotten entirely over it."[65]

Waves of human butchery and protracted suffering tested the limits of many surgeons and may have contributed to suicidal behavior. Several physicians serving in the Confederate army took their lives, although no one at the time seems to have linked the suicides to the experiences of serving as field doctors. Dr. Samuel A. Robinson of Virginia attempted to take his life by cutting his throat in the fall of 1864 while staying at the American Hotel in Richmond. He lingered a few days before succumbing.[66] The *Nashville Daily Union* reported on November 1, 1862, that a Dr. Allen, an army surgeon in charge of one of the hospitals in Jackson, Mississippi, killed himself by inflicting three wounds in his chest with a lancet.[67] Thirty-five-year-old Lucius Fambro, a Georgia physician and father of four, took laudanum and then fatally stabbed himself twice in the chest in Savannah in December 1861.[68] Physician suicides in the Civil War, like those in uniform, bore testimony to the psychological toll the Civil War exacted from its participants.

Rev. Dr. Robert Woodward Barnwell was not a physician, but volunteered as a chaplain for a South Carolina regiment and recruited hospital volunteers, but like physicians, he witnessed much suffering among wounded and ill soldiers. At the start of the war, Barnwell organized an aid society for supplying and tending to hospitals for the sick and wounded troops from South Carolina and continued with those efforts until his death in 1863. Diarists Mary Chesnut and Emma Holmes lavishly praised Barnwell's efforts while noting his deteriorating mental state, which may have predated the war but certainly was exacerbated by the war. Holmes recorded in June 1863 that Barnwell was ill with typhoid fever and "almost crazy from the many distressing deaths and other scenes he has so long been a witness of." Barnwell himself described horrific images after one unnamed battle: "Such a sight as that field of slain I never dreamed of. I counted 100 [dead] Yankees and 26 horses in one spot." In June 1863, the thirty-two-year-old insisted he be taken to the Western State Asylum in Staunton, Virginia, possibly for the second time. His young wife, quite ill herself and pregnant, and their physicians acquiesced to his wishes. Barnwell died on his second day in the asylum after reportedly

jumping out a window. His wife and newborn died shortly after. Factors contributing to Barnwell's death are complicated and a bit muddled. He suffered from mental illness before the war. He had a family history of mental illness. He also reportedly suffered from typhoid fever at the time of his death. Importantly, though, his suicide occurred in a war zone. Any preexisting conditions were certainly aggravated by his personal experience in the war and by the dislocations and uncertainty it generated.[69]

Confederate soldiers, in addition to coping with battlefield trauma, often received heartbreaking news from the homefront that sometimes pushed them over the edge. Captain Thyssent of New Orleans heard in October 1863 that his wife of several years had died. Overwhelmed with grief, he shot himself in the head the night he received the news. The two were buried together.[70] William Pitman of the Veteran Reserve Corps become so distressed by an "unfavorable condition of domestic affairs at home" that he requested a furlough to resolve his personal issues. After his request was denied, he committed suicide.[71] So while Pitman's self-inflicted death appears not to have been related directly to war matters, military restrictions on his mobility contributed to his frustration at not being able to return to his home and, eventually, to his death. Southern white men like Thyssent and Pitman had heeded the call to duty, but at the steep cost of abandoning their families and delegating household responsibilities to others, often wives and mothers. The inability to protect loved ones from afar, and thus fulfill one of the most important obligations a Southern white man had, left many a Confederate soldier feeling helpless and guilty.[72] Moreover, soldiers on the front relied heavily on connections to kin, largely through letters and word of mouth, for emotional sustenance and continued motivation in the face of trying conditions. News of the deaths of loved ones, especially for those teetering on the edge of emotional survival, had the potential to plunge a warrior into darkness and despair, from which death promised a welcome respite.

The flurry of wartime suicides and the reactions they engendered provide a glimpse into white Southern attitudes toward suicide that suggest the act and those who committed suicide were less stigmatized than in earlier periods.[73] Of course, suicides occurred despite pervasive religious and cultural animus. Yet the Civil War stands out as an important turning point in the way white Southerners came to view suicide and helped usher in a more tolerant, sympathetic attitude toward those who died by their own hands, as evidenced by the published accounts of soldier suicides, which regularly treated the victims sympathetically and couched the episodes as tragic. Take, for instance, the suicide of Captain Christopher Fisher of the newly formed Petersburg

Cavalry, a "man of high social position at home." Fisher first began to show signs of "laboring under mental aberration" as his company faced battle near Pig Point, Virginia, in the early weeks of hostilities. According to a newspaper account, Fisher had become "depressed in spirit" because he feared, rightly, that his company was about to be "cut to pieces by the enemy." Sympathetic officers and enlisted men, apprehending his weakened state of mind, persuaded him to return home. En route, Fisher drew his pistol, shot himself, and sustained an injury that felled him from his horse. He stumbled, ran a short distance, then shot himself again, through the head, this time fatally. Excessive concern for his company, not fear or shame, the newspaper explained, caused Fisher to end his own life. The newspaper reassured its readers that Fisher "was greatly beloved by his company," who lauded his bravery. One has to consider, however, an alternate explanation: fear of the impending assault rendered Fisher incapacitated, which in turn left him consumed by deep shame and a sense of disgrace that he failed his men when it counted most. Indeed, in some ways the stakes were higher for officers like Fisher, for their primary role was to serve by example. Yet it appears that Fisher's men reacted to his mental distress and suicide sympathetically and with sensitivity.[74]

War-generated sympathy for suicide victims is best illustrated by the reaction to the death of General Philip St. George Cocke, the Confederate army's highest-ranking officer to take his life during the war and whom the *Richmond Enquirer* venerated as a "martyr to his patriotism as if he had fallen in the field of battle."[75] (See figure 3.) Cocke, a planter of enormous wealth, had been an obvious choice to command rebel forces, so shortly after Virginia seceded, its governor, John Letcher, placed him at the helm of the newly constituted Department of the Potomac for the state of Virginia. Cocke's appointment, however, took place a mere three days before Lee received command of all Virginia forces, and in the transition Cocke lost his rank and much of his responsibility as state militias were folded into the Confederate army, an insult to a man of such high social stature. Still, Cocke soldiered on and performed well at the Battle of Manassas, only to see much of the credit go to P. G. T. Beauregard, another slap at Cocke's already bruised ego. Cocke returned home for the Christmas holidays in 1861 and took his life.[76]

Southern newspapers weighed in on the cause of Cocke's suicide, pointing to a preexisting psychiatric condition. Cocke, they claimed, had been for a long time "in a highly nervous condition," noting that since the outbreak of war "his mind had been flighty," leading the press to deduce that the act had been perpetrated "under the impulsion of a mental aberration."[77] Notably, the "naturally nervous" temperament that led to Cocke's "mental dethronement" and self-destruction was never couched in defamatory terms. Instead of questioning his character or manliness, readers were told that the general's

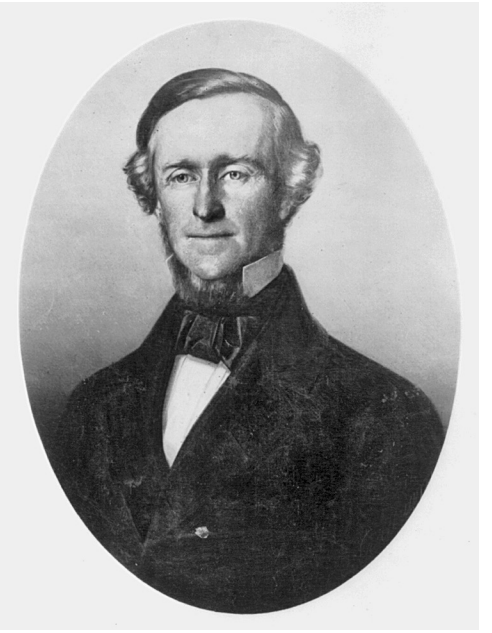

Figure 3 Philip St. George Cocke was the highest-ranking Confederate officer to commit suicide during the war. He died at his homestead, Belmead, in Powhatan County, Virginia, on December 26, 1861. Courtesy of the Library of Congress, Washington, D.C.

"heart and soul were thoroughly enlisted in the noble cause of Confederate independence." The report lauded him as a "most excellent, conscientious and highly esteemed citizen, eminently public spirited and patriotic."[78] Cocke's mode of death, reprehensible as it may have been to most Southerners, did not negate his honorable contributions to the Confederate cause.

When Southern newspapers reported on the suicides of Confederates, like those of Fisher and Cocke, they constructed meaning out of the self-inflicted deaths and reconfigured soldier suicides as noble sacrifice, permitting a public expression of sympathy for the victims. On December 14, 1861, for example, the *Richmond Daily Dispatch* reported on another soldier suicide, this one from the 9th South Carolina Regiment. While friends were at a loss to explain why Burgess (no first name is given) killed himself, the newspaper surmised that he was "tired of life, and had concluded to try the realities of another world." Noting that this was the second such suicide in a few days' span, the newspaper decried "such deplorable waste of life." The piece further opined, "Men in war become more reckless of their lives and attempt, through a mistaken notion, to relieve themselves of a burden too heavy to bear."[79] The Richmond paper blamed the circumstances of war, not the soldier's defective character or masculine failings, for the suicide. Similarly, the *Richmond Enquirer*'s account of General Cocke's suicide mitigated the victim's responsibility for the self-murder by explaining that he had shot himself while "under the impulsion of a mental aberration that extinguished all responsibility."[80]

Another measure of sympathetic responses to news of soldier suicides can be found in the local support the victims received after their deaths, indications they were not treated as pariahs for their suicidal acts. A lawyer from Mobile who cut his throat en route to the front was accorded considerable respect following his suicide. Two companies escorted his coffin to the cemetery, where he received military honors. The *Knoxville Register* reported that "a large number of our citizens" attended the funeral, presided over by a minister, suggesting that at least some religious ritual was observed, not always the case in suicidal deaths.[81] In similar fashion, a military detachment accompanied the remains of Thomas Stringham, the twenty-two-year-old Virginia man who killed himself while encamped near Norfolk in October 1861. Members of the Norfolk Tailors Society, in a display of reverence and respect, took part in burial services.[82]

Fellow soldiers, too, often responded with empathy when comrades struggled psychologically or emotionally, some of whom killed themselves. Recall that in the case of Captain Fisher, officers and enlisted men sensed something was wrong and encouraged him to leave the front and return home; some accompanied him as escorts. When Dr. Handy H. Bruce, a forty-two-year-old dentist from South Carolina, experienced a psychiatric breakdown, his friends intervened and successfully solicited their superiors to have him removed to the state asylum.[83] Despite the harsh treatment of "shirkers" and "malingerers," comrades in the above instances demonstrated sensitivity and compassion to men not bearing up emotionally and psychologically, suggestive of a redefinition of martial courage and a relaxation of attitudes toward suicide.

That relaxation, however, was neither complete nor universally accepted by Southerners. Despite evidence that pervasive psychiatric causalities experienced during the Civil War had forced those on both home and war fronts to reconsider their understanding of the meaning of suicide, long-standing associations of self-murder with shame and disgrace continued to shape the way some Southerners received news of soldiers who took their own lives. Lieutenant Colonel Henry A. Carrington, whose company had been under the command of General Philip St. George Cocke, wrote to his wife about Cocke's suicide, saying he wished Cocke had been killed in battle, a more dignified way to die than suicide. "What a pity that he did not fall in the battle of Manassas!"[84]

A few accounts of Confederate suicides suggest a concerted effort to cloak the real cause of death, intimating embarrassment over the self-inflicted mode of death. Although a coroner's inquest in Lynchburg, Virginia, found that Alabama soldier Harry Larrantree had committed suicide in January 1862, a newspaper cast doubt on that ruling, insinuating "reasons exist to induce the

belief that it might have been committed accidentally."[85] A Mississippi newspaper reported that James Dumas, the son of a judge, "accidentally" shot himself in August 1862 as he started to the army. "By some means" his gun fired, killing him.[86] The *Richmond Daily Dispatch* reported the apparent suicide of Samuel Meacham, who died "leaping" from the eighth story of the American Hotel in Richmond, and further offered that "no cause is known to have existed why he should have taken his own life." Yet an addendum appeared after the initial story, clarifying that the coroner's inquest concluded Meacham's death was an accident.[87] Then there is the mysterious death of Corporal A. J. Stamper of the 3rd North Carolina Cavalry. A Tar Heel newspaper characterized his 1863 death as an "untimely end by a fatal mistake in medicine." While an accidental overdose may have been the culprit, the paper also reported that members of Stamper's company had met two weeks after Stamper's death to adopt "resolutions" regarding Stamper's death. The nature of those resolutions remains a mystery, and there are any number of possibilities. But a suicide might explain the need for Stamper's company mates to meet, discuss, and agree on a story moving forward.[88] So while many Confederate soldier suicides were openly acknowledged, treated sympathetically, or even viewed heroically, age-old proscriptions against the act of self-murder and the attendant sense of shame held sway in some quarters, as seen in these apparent efforts to deny the dead men intentionally ended their own lives. Attempts to protect the posthumous reputation of a soldier, and perhaps spare his family the perceived taint of disgrace as well, imply suicide's lingering stigma in some quarters.

While the war may have prodded a rethinking of views on suicide, few Southerners seemed willing or able to link the war to the mental distress of combatants. Despite empathetic gestures toward soldier suicides throughout the South, Southern newspaper accounts of Confederate suicides at times go to great lengths to avoid connecting acts of self-murder to anything war-related. Sometimes alcohol was blamed, as in the case of the story of a "poor unfortunate soldier" who attempted suicide in June 1862. The man, made "somewhat delirious from liquor," tied a string to the trigger of his rifle and shot himself in the breast.[89] The report drew no connection between the man's military experience and excessive drinking or the attempted suicide.

Contemporary observers might blame soldier suicides on "insanity," but rarely identified war-related trauma as a contributing cause of the insanity. Instead, asylum officials who saw suicidal patients come through their doors identified other root causes of suicide, for example, "ill health." J. Chesnut Whitaker of the 2nd South Carolina Cavalry arrived at the asylum in Columbia in December 1862 "entirely deranged" and "much disposed . . . to commit suicide." Although Whitaker's case history indicates he was a soldier

during the first part of the war, caretakers ignored that factor when considering the likely cause of his insanity and suicidal tendency. Instead, they fixed on his poor health.[90]

The case of Joseph Henderson shows the lengths to which authorities would go to avoid connecting battle experience to mental illness and suicidal behavior. Masturbation, not alcohol or ill health, accounted for Henderson's institutionalization. He arrived at the insane asylum at Milledgeville, Georgia, in April 1862 for threatening violence against himself and others. Caretakers attributed the cause of his bout of "insanity" to masturbation, a "habit it is believed he has but recently fallen into." Even though officials noted that he had served in "[General Sterling] Price's army" in Missouri, where he had undergone "many fatigues," they focused on Henderson's alleged lecherous sexual proclivities as the cause of his compromised mental state, observing that his "sole desire is to gratify the animal appetite."[91] The following month, admitting authorities at the Georgia asylum failed to link the "insanity" of Floridian Charles Brown to his role as a soldier and instead traced his symptoms to "early exposure after an attack of pneumonia" after which he complained of pains in his head.[92] As with newspaper reporters, even those trained to care for the mentally ill did not connect soldiers' psychiatric breakdowns and suicidal behavior to their wartime experiences. Targeting triggers seemingly unrelated to wartime experience—alcohol, licentiousness, ill health—permitted those on the homefront to uncouple the psychological manifestations of war trauma from questions about a soldier's character and manhood and avoid acknowledging that combat might have broken a man's psyche. In doing so, Confederate civilians may have subconsciously and preemptively deflected insinuations of cowardice or lack of will that surely would have arisen if they had entertained a causal link between psychiatric casualties and soldiering.[93] Furthermore, evidence of those on the homefront being unaware of a correlation between the mental collapse of soldiers and their combat experience may speak to a disconnect, an inability of civilians to comprehend the conditions under which Confederate soldiers lived and fought, about which many soldiers complained.[94] Regardless of the reason for obfuscating or denying a link between a soldier's psychiatric failing and combat experience, the effect was to inoculate men from insinuations of weakness, cowardice, or effeminacy.

Despite the instances of Confederate soldiers and officers who attempted or effected suicide, their numbers remained small. Thousands more suffered from mental illness or physiological symptoms that today we recognize as attributable to combat stress. The most severe of these cases might result in

soldiers being discharged from service or even institutionalized.[95] Given the dire need for manpower in the Confederate army and judging by the high bar for establishing a soldier's mental unfitness, those released from active military service must have been severely ill. Take the case of Charles Neil, a twenty-seven-year-old Georgia carpenter who developed a "disordered" mind in the fall of 1861. After about three months, he recovered sufficiently to return to duty, though he relapsed five weeks later and was institutionalized shortly thereafter.[96] Confederate authorities delivered Private John Gatlin of Darlington County, South Carolina, to the asylum in Columbia in September 1862. No description of the farmer-turned-soldier's mental state appears in the records; however, shortly after his arrival the father of six committed murder.[97] George Mims, a young doctor from South Carolina, never made it out of camp. In April 1864, he was sent to the asylum in Columbia, where he remained until his death in 1892.[98]

Confederate soldiers institutionalized during the war years manifested a wide array of psychiatric symptoms, which generally fell under the umbrella term "insanity."[99] The psychiatric disorders manifested in myriad social pathologies, most commonly violent and destructive behavior. By all accounts, twenty-two-year-old Noah Tucker had been a "very good soldier" until June 1863, when he began exhibiting signs of "insanity." The Georgia farmer displayed no tendency to self-injury but was very destructive and violent toward others, so he was admitted to the asylum in Milledgeville.[100] Private Edward Manning of the 1st Battalion of the South Carolina Artillery stationed at Fort Sumter entered Roper Hospital in Charleston in November 1861. Typically, soldiers suffering from severe psychiatric disorders found themselves first delivered to general or military hospitals before being fully diagnosed and transferred to insane asylums. A few months after Manning arrived in Charleston, doctors there pronounced him "incurable" and recommended he be admitted to the state asylum.[101] Fifteen-year-old Joseph Elter, a drummer in the army, wound up at the Soldier's Relief Hospital in Charleston in December 1864, where his violent behavior necessitated use of a straitjacket. He, too, was transferred to the asylum in Columbia.[102]

Officers experiencing psychiatric debility possessed an option enlisted men did not. They could merely resign and return home. Before the war, John Mangham had served as the ordinary of Pike County, Georgia. With the outbreak of war, he enlisted in the 13th Georgia Infantry and served as captain and assistant commissary. He resigned his position less than three years later and returned to his wife and four children, and he was reelected county ordinary. By fall 1864, he exhibited "manifestations of derangement" and landed in the Milledgeville asylum before war's end. Even though Mangham's admission record indicates he had served in the Confederate army, the cause of

his condition was listed as not known, unless "it was the anxiety and excitement growing out of the state of the country."[103]

As these cases demonstrate, a number of Confederate soldiers exhibited extreme manifestations of mental illness that necessitated discharge or hospitalization. Although there are no studies of Confederate standards, policies, and procedures for releasing mentally ill soldiers, there is no reason to believe they were any less stringent than those of the U.S. Army. Union physicians closely scrutinized soldiers symptomatic of aberrant behavior, determined to detect "shirkers" attempting to get out of their assignments. In fact, U.S. policy effectively presumed all those seeking dismissal for mental illness were shirkers and should be returned to duty.[104] One can assume, then, that Confederate soldiers dismissed for showing signs of mental instability were very seriously ill; manpower shortages would have dictated close scrutiny of any applicants for early release from duty. Soldiers like Joseph Garey, a member of the 7th Louisiana who was deemed to be "unsound in mind and an unsafe person to be at large," filled Southern asylums during the war.[105]

Being wounded in battle could also propel a soldier into a debilitating downward psychological spiral resulting in institutionalization or even suicide. Sergeant Joseph Taylor of Florida, a man in his thirties, sustained an injury at the Battle of Chickamauga in September 1863, though perhaps not severe enough to warrant discharge. He was released from the Army of Tennessee, however, upon the request of Florida officials, who provided documentation that he had been elected sheriff of Jefferson County in absentia. A few months later, while "laboring under mental derangement," Taylor shot himself through the heart.[106] The *Richmond Daily Dispatch* reported on a soldier who was hospitalized in the spring of 1862 at Chimborazo Hospital in Richmond for some time and had grown frustrated at not receiving a requested furlough. He ended up cutting his throat.[107] Although there is no way to know for sure if George Sheridan was traumatized by his experiences in the earliest months of battle in Virginia, he turned up in a Richmond hospital in October 1861 "laboring under mental aberration." The Alabama soldier eluded the watchful eye of his attendant, escaped, and, dressed only in his underclothes, made his way to the Armory Bridge and jumped into the canal below. He hit his head on a stone wall before plunging into the waterway and drowning.[108]

Witnesses sometimes attributed a wounded soldier's suicide to unbearable physical pain. Dr. Ferdinand E. Daniel treated Walter Fountain, a Vicksburg soldier whose right lung had been pierced by a minié ball, with a dose of morphine and assured Fountain the medication would soon provide relief. Minutes later Daniel heard the report of a pistol: Fountain shot himself in the head with a pistol he had concealed upon entering the hospi-

tal. The poor fellow was "easy" now, Daniel recalled thinking to himself.[109] Judith McGuire, a Confederate nurse, recorded a similar story in her wartime diary. A young adjutant had been brought to a Richmond hospital with a severe foot wound so painful that he would allow only the ward master to touch it. During the night, while his caretakers, including his sister and brother, slept, he jumped out the window near his bed. He died shortly after being discovered.[110]

Head trauma received during battle might explain some aberrant psychological behavior of Confederate soldiers. Virginia soldier John Dooley, captured at the Battle of Gettysburg and held at a Northern prisoner camp, described the severe head wound and related impairment of a POW: "Here is a poor wounded Confederate who is walking up and down, wandering anywhere his cracked brain directs him. Just on top of his head and penetrating to his brain is a large opening made by a shell in which I might insert my hand. He walks about as if nothing was the matter with him, and pays no attention to any advice given him."[111] McGuire encountered a soldier in a Confederate hospital who had been struck on the head by a shell. He "has the appearance and manner of imbecility. . . . No relief can be given him."[112]

Dooley, McGuire, and others readily made the connection between a wounded soldier's head injury and his peculiar conduct. But most Civil War soldiers suffering from brain trauma manifested no gaping holes in their heads that readily explained their odd behavior. Rather, they suffered from "closed" brain injuries, most likely blast-induced, where the skull was not penetrated. Because closed brain injuries were not discernible, caregivers would not have suspected that brain trauma accounted for unusual behavior in an otherwise obviously healthy soldier. Recent medical and neurological studies, prompted by the large number of brain injuries sustained by soldiers fighting in Iraq and Afghanistan and aided by advances in imaging technology, have documented the structural, neurological, and biochemical effects of blast explosions on the brain—including brain bruising (when the force of an explosion sends the brain colliding with the surface of the skull), hemorrhaging, and swelling; the shearing, tearing, and stretching of axons, the fibers that connect nerve cells; neurodegeneration (when neural fibers break down and cause cell deaths in areas of the brain that affect impulse control, judgment, problem solving, etc.); and the accumulation of abnormal proteins that also impede normal cognitive functioning. Researchers now understand that the line between physiological and psychological damage brought on by explosions is not at all distinct and that there is considerable overlap between psychological war trauma and traumatic brain injury (TBI) symptoms.[113] Recent findings about brain injuries and war trauma, then, can inform our interpretations of Civil War soldiers' aberrant behaviors.

Take, for instance, the case of forty-five-year-old Charles Prochant, an immigrant from France who lived in Georgia and South Carolina before joining the Confederate army. In December 1866, after having presented with symptoms of mental illness for a year and a half, Prochant was declared insane and admitted to the asylum in Columbia, South Carolina. Asylum officials noted that he had been a good soldier in the Confederate army, and they attributed his compromised mental state to a blow to the head, presumably during the war.[114] In this instance, caretakers had received specific information about a head trauma, a direct blow, which was deemed relevant to Prochant's condition. However, not all head traumas were severe or intense enough to be noteworthy. Researchers have shown, in fact, that sustained exposure to blasts can result in mild but recurrent concussions that can cumulatively affect key brain functions. Civil War soldiers would have been unaware that being in close proximity to shell explosions or even in the presence of distant blasts put them in danger of blast-induced brain injuries.[115]

Confederate soldiers showing signs of psychiatric distress might very well have been suffering from concussion-induced brain injuries. This may have been the case of the Confederate soldier whom agents of "the military" (presumably Union soldiers) conveyed to the South Carolina asylum near war's end. They believed him to be from Mississippi, although he was dressed, inexplicably, in a Yankee uniform. Identified as George Wright, officials guessed he was about thirty or thirty-five years of age. Nearly ten years later he was still incapable of providing any "information whatsoever concerning himself."[116] His amnesia and severe disorientation suggest he may have been suffering the effects of TBI.[117]

Charles P. Robinson drove a knife into his neck on June 1, 1861, as his company, the Independent Scouts of Mobile, was boarding a train to make the journey from Chattanooga to Richmond. Little is known about him: born in Maine and an alumnus of Bowdoin College, he was a "talented" lawyer about forty-five years of age. He practiced law in Mobile for many years, even serving as the city's attorney for a time. He never married. The newspaper account of his death reported that he had been "addicted to intemperance" and was in a "state of delirium tremens," an intimation that this condition contributed to his suicide. More directly linked to his suicide was some teasing by his company that he was a coward. The Alabama lawyer-turned-infantryman insisted that he would show them how a "Roman" would die, and then he proceeded to plunge a knife in his carotid artery.[118]

What caused Robinson to take his life? What pressures, internal and external, led him to believe that death was the best option for him? Had he been

in a mentally precarious state before the war? Was he experiencing family or relationship problems? Was his law firm financially sound? Was he an alcoholic? Or, had he taken to drink under the duress of war? Was he in good health? Why did his company mates conclude he was a coward? Was he showing signs of fear? Did he articulate worries about heading to the front? The answers to these questions are unknowable. What is knowable is that Robinson's decision to end his life took place in a war zone, just as his company was departing for the front, implying a connection. And it came amid accusations that he lacked courage. His self-inflicted death needs to be understood in the context of gendered and cultural expectations: a white man of standing in the South, whose reputation and self-worth rested on what others thought of him and whose masculine identity in war hinged on his fulfilling his martial duty. Whatever personal circumstances he carried with him to the recruiting station in Alabama, it was the experience of marshaling for war that lowered his threshold against self-destruction, the trigger that propelled him to drive a knife into his neck.

Robinson's own words and actions before killing himself reflect an effort to affirm his manhood and mastery amid the dislocation and uncertainty of war. By invoking the image of a "Roman" suicide, Robinson drew on heroic models from classical literature and history, a staple of young elite men's education in nineteenth-century America.[119] Stoic thinkers embraced suicide as a reasonable, even admirable, moral choice under certain circumstances, a way to restore one's honor. Cato, for instance, approved of suicide as a means of escaping personal humiliation and enhancing one's dignity, honor, and virtue. In comparing his own suicide to that of a "Roman," Robinson was embracing the classical moral view of suicide as honorable and courageous, which ran counter to the Christian view that claimed just the opposite, that suicide was dishonorable, selfish, and cowardly.[120] Robinson's proclamation before death also hints that he imagined his method of self-murder, cutting his throat with a knife, the same method employed by so many other Confederate suicides, to be linked to the Roman tradition. Cutting one's throat was a very deliberate and controlled, quite gruesome, and decidedly masculine act.[121]

Suicide offered Southern men a way to maintain mastery and control over their deaths amid circumstances that were disordered, frightening, and capricious. As Kenneth S. Greenberg has argued, Southern white men admired those who faced death bravely, calmly, and with resignation.[122] Death by one's own hand assured a soldier that he, not the chaotic, uncertain, and unpredictable conditions on the battlefield, would determine his fate. Crucially, he could control, to a degree, his posthumous reputation by avoiding what many soldiers feared more than death itself: a cowardly display on the battlefield.

Suicidal soldiers, it would seem, defiantly took their own lives to retain mastery and control over the final moments of their lives—to avoid shame, to relieve themselves of paralyzing anxiety, or to liberate themselves from trauma-induced madness and to seek solace in a reconfigured, reimagined "good death." Given a choice, a good death trumped a dishonorable life. As a Mississippi sergeant explained to his sister, "Life is sweet but I would alwa[y]s prefer a honorable death to a disgraceful and shameful life."[123]

Wartime suicides, reimagined in classical terms, not only allowed soldiers to reclaim their manhood, but also helped reconcile their deaths with the Victorian tradition of *ars moriendi*, the "good death." Victorian Americans adhered to rituals at the time of their death, among these, dying in the presence of family members, accepting death gracefully, facing death bravely, and demonstrating their religious convictions. As Drew Gilpin Faust has shown, the Civil War complicated the "good death" in many ways. Soldiers died far from home, without the support of their families. They died suddenly and so lacked the ability to prepare adequately for death. Many, many died brutal, torturous deaths, depriving them of the ideal peaceful, dignified death. Confederate soldiers who ended their lives by their own hands reclaimed some elements of the good death in the process while denying battle the power to randomly and savagely pluck them from this earth. With suicide, death preserved honor and replaced a coward's death with that of a hero.[124] In committing suicide, many Confederate soldiers acted on the precept "death before dishonor."

While not casting the soldier suicides as heroic, newspapers nonetheless mourned the loss of the Confederacy's sons, whom they regarded as honorable men, often revered and loved by comrades and community members. The deaths of Confederate soldiers and officers who died by their own hands were no less lamentable than those who died by a sniper's bullet, an exploding shell, or contracting typhoid in camp. Although soldier suicides might not have been heralded as heroic in the classical tradition, they nonetheless were viewed as tragic and honorable. This change in the cultural meaning of suicide signaled an expansion of the "good death," which now had begun to encompass self-murder, at least when committed by men in uniform. The Confederate soldier who died by suicide, such as Philip St. George Cocke, came to be viewed as any other casualty of war—as a "martyr to his patriotism."[125]

Chapter 2

A Dark Doom to Dread

Women, Suicide, and Suffering on the Confederate Homefront

> I feel sad and gloomy today. These times of trouble do try my faith, but I hope it will all work out for my good. The Lord's face is hid from me. Darkness and gloom surrounds me. . . . Our country is invaded by the enemy. We have heard of many bloody battles. Thousands have been hurried into eternity. The enemy is advancing and taken our citys [*sic*] and towns. The prospect is dark and gloomy. War, bloodshed, and desolation is before us.
>
> —Mary Jeffreys Bethell, April 29, 1862

Near the end of the Civil War, an overwhelmed, depressed thirty-seven-year-old Emily Harris, wife of an up-country South Carolina farmer-turned-soldier, entertained death as an escape from the burdens and pressures she faced as the de facto head of household for the past four years. As the sole caretaker of seven children ranging in ages from one to fourteen, Harris often grew exasperated, such as a fall day in 1864 when rain kept everyone inside. "Their noise and confusion and the trials that I see in the future have made me a miserable day. I have felt crazy." She struggled daily to meet their interminable needs; she internalized their worries. "The children all and each have their cares and anxieties and theirs are mine, consequently, mine are multiplied day by day. Will it continue so to the end?" Management of ten slaves, who became more impudent and troublesome as the war progressed, also took its toll. Harris, like other female slaveholders during the war, reluctantly took up the male task of meting out slave punishment. "It is a painful necessity that I am reduced to the use of a stick." Harris also managed a 500-acre farm near Spartanburg, 100 acres of which was cultivated, and faced unfamiliar decisions like whether or not to butcher some hogs or how to obtain the necessary labor to harvest an abundant oats crop. Never far from her mind was the well-being of her soldier-husband, whom she could only surmise was "somewhere miserably cold, wet, and comfortless." In the final months of the war, rumors of the Union army approaching Spartanburg left her anxious and fearful: "We are all in a dreadful state of excitement, almost wild." On her worst days, the strain of being a single parent in a war zone made life

unbearable. "It has been impossible for me to sit or be still or do any quiet thing today. I am nearly crazy. . . . Distress and anxiety prevails everywhere. . . . My soul is weary." No wonder Harris, at times overwhelmed by the demands of family and farm, anxious about her husband's welfare and safety, and facing the uncertainty, flux, and hardships wrought by war, fantasized about one of the few escapes from such desperate and trying times: death. "There is no pleasure in life and yet we are not willing to die. I do not know how it might be but I feel like I should welcome the *Messenger* if it were not for those who need my services." Battling depression and anxiety over the course of the war, she had begun to feel as if she were slipping into insanity. "It is a dark doom to dread."[1]

Emily Harris's experiences with depression, stress, and anxiety during the Civil War were neither unique nor unusual. Feelings of despair, frustration, and foreboding plagued many Confederate women on the homefront at one time or another.[2] Confederate women faced an extraordinary set of pressures throughout the war. At minimum, they experienced significant disruptions to routine, were overburdened with multiple roles (many for the first time), and faced severe economic hardships and deprivation. Many were displaced from their homes, cut off from their social and kin networks, and worried about the safety of loved ones in the military and civilians who stood in the path of the enemy. Southern women faced invaders, marauders, deserters, and common thieves without the protection of male kin. They struggled mightily to manage households, provide for the welfare of children and extended family members, operate a farm or business, and control a slave labor force.[3] The war unleashed emotional stressors that sapped the psychological well-being of many and depleted the coping resources of others and pushed some, like Emily Harris, to imagine death as the only way out.

The pressures women on the homefront faced differed from those of their menfolk who had taken up arms. While living in a war zone generated new stressors for women like Harris, the war added to or exacerbated familiar, mundane pressures, most related to child-rearing and childbearing, which compounded feelings of helplessness or being overwhelmed. Women's emotional suffering differed from that of soldiers, though to be sure there was overlap of shared gender-neutral pressures, like the outcome of the war, grief from deaths of loved ones, and worries about survival and safety. Women's experiences with suffering differed from soldiers' in another respect. Far fewer of them appear to have taken their lives. Whereas soldiers were more likely to act on their suicidal impulses than women were, and with deadlier results, women tended to articulate their ideas about self-harm—in diaries, in letters—but did not act on them to the degree men did. Women, more than men, fantasized about death or expressed death wishes. Moreover, when Con-

federate women did engage in suicidal behavior, the result was likelier nonlethal. Importantly, Confederate men seemingly killed themselves at a higher rate than women did, but women appear to have been much more engaged in contemplating death as an exit from their suffering, even if they did not follow through.[4]

The Lost Cause generation, which hijacked the official history of the Confederate homefront, is to blame for stymying a thorough and fulsome analysis of varied women's experiences during war, one that took seriously the emotional wartime suffering of women. War participants and Confederate sympathizers crafted the earliest treatments of women during the war, constructing a historical account that venerated and lionized white women's heroic efforts and sacrifices for the Confederate cause. The narrative of the mythic "Confederate angel" acknowledged that white women suffered from the demands of war but praised their efforts and their resiliency. Jefferson Davis's postwar tome on the history of the Confederacy, to cite just one example, began with a paean to "The Women of the Confederacy," whose "fortitude sustained them under all the privations to which they were subjected."[5] Civil War actors in later years recounted the vast suffering of the wives and mothers of Confederate soldiers but insisted they emerged intact. General Matthew C. Butler of South Carolina, in a tribute to the region's women, tallied up the numerous degradations and sacrifices Confederate women endured. The suffering of soldiers paled in comparison to the "anguish" borne by their womenfolk: invading armies, rude occupiers, failure of a cause, poverty, desolation, deaths of loved ones, forebodings about the future, dismal prospects. Yet they "bore it all with surpassing heroism" and herculean displays of "fortitude, courage, and devotion." He ended, "All honor, all hail, to woman's matchless achievements."[6] Southern white women ably managed the homefront—supporting families, caring for the sick, supplying the armies, sewing, tending farms—without faltering. "God gave her courage, fortitude, and strength to bear her privations, and bereavements, and live."[7] After the war in many quarters of the former Confederacy, an embellished image of valiant womanhood emerged and endured, one that emphasized qualities like resilience and courage, normally masculine traits.

Paeans to Confederate women heralding their wartime heroics continued well after the end of the war in the mythology of the Lost Cause. As Mississippi planter Thomas Dabney wrote to his daughter Emmy in 1879, "Of all the principles developed by the late war, I think the capability of our Southern women to take care of themselves was by no means the least important."[8] Lionizing the contributions and experiences of Confederate

women blossomed into a booming cottage industry following the war. The Lost Cause generation memorialized women's wartime efforts, trumpeting the courage, selflessness, fortitude, and dedication displayed by those left on the homefront largely as a way to valorize the Confederate cause.[9] Phoebe Yates Pember, who worked as chief matron at Chimborazo Hospital in Richmond during the war and who, like so many of the region's women, penned an account of her wartime experiences, observed: "In the course of a long and harassing war . . . no appeal was ever made to the women of the South, individually or collectively, that did not meet with a ready response."[10] Louise Wigfall Wright summoned up the image of the stalwart Confederate mother whose heart "beat and throbbed with pain and anxiety" for her soldier-son but who nonetheless refused to surrender. "Such women as these were the rule, not the exception."[11] Indeed, Wright, like so many other elite Southern women, boasted that Confederate women had shown greater strength than men: "The women of the South, were, if possible, more indomitable in their courage than the men!"[12]

The canonization of homefront women by the Confederate wartime generation shaped the popular narrative for decades. Insolent New Orleans women dumped chamber pots from balconies onto Union soldiers below. Defiant "secesh" ladies scolded invading Union troops, chasing them with brooms from their homes. Heartbroken mothers cradled dying sons but remained spirited and dedicated to the Southern cause. Universalizing the defiant, fearless, and persevering attributes of Confederate women during the war and glorifying white Southern womanhood helped ease the pain of loss and venerate "the cause."

Legions of tributes to Southern white women's unfailing work and support of the Confederate cause both reflected and shaped the collective memory of the region, but also informed much of the subsequent scholarship on white women of the South. Mary Elizabeth Massey's *Bonnet Brigades* was one of the first, if not the first, full-length treatment of the impact of the Civil War on women, in both the North and the South. Massey covered well the hardships suffered by women on the Confederate homefront, yet she, like the Lost Cause acolytes, heralded their inner strength. Massey's coverage of Margaret Junkin Preston's wartime experience illustrates the veneration of women so common in the Lost Cause literature. The Pennsylvania-born woman had married a Southern widower, John Preston, a professor at Virginia Military Institute. During the war, Preston had much to worry about. Her brother served in the Union army, and her husband was an officer in the Confederate army. She lost two stepsons during the war, and another who returned an amputee. Brother-in-law Stonewall Jackson was killed in action. Preston was left alone to care for small children and stood by as her home was pillaged by

invading forces in 1864. Preston was, in Massey's eyes, a typical Confederate woman—long-suffering and hardworking, but resilient. "Thousands of other women endured as much."[13] Anne Firor Scott, too, in her pathbreaking work *The Southern Lady*, fixed on archetypal Confederate women who showed great pluck and toughness in taking on new roles during the war. Kate Cumming was a "strong woman" of great "fortitude" who showed "an astonishing capacity to endure physical hardship." While Scott acknowledged there was no single response to the war's demands, she heralded the new experience of self-sufficiency for women, which she believed opened "the door a crack to the 'strong-minded' women."[14]

The plethora of works on women and the Civil War in the past couple of decades has moved beyond celebratory treatments of Southern white women and complicated their experiences on the Confederate homefront. Collectively, this scholarship—including works by Catherine Clinton, Drew Gilpin Faust, LeeAnn Whites, Thavolia Glymph, and Stephanie McCurry—demonstrates that white women of the South did not conform to some monolithic, idealized superwoman vision of womanhood. Some women faltered while others rose to the challenge. The loyalty of some Confederate women took a hit as the war dragged on, while others clung tenaciously to the doomed cause.[15] This chapter, building on this rich scholarship, further complicates Southern white women's experiences during the war by focusing on those who staggered under the weight of added responsibilities, collapsed in the wake of grief and loss, and sought to escape a gloomy future through death. By exposing a wider range of experiences on the homefront that includes those who suffered emotionally and psychologically, a fuller accounting of the human cost of the Civil War becomes possible.

Letters, diaries, and asylum records bulge with Confederate women who struggled with myriad feelings of depression, anxiety, and stress brought on or exacerbated by war.[16] Their symptoms ranged from what might be considered "normal"—women expressing or exhibiting manifestations of emotional fatigue (like insomnia or anxiety) or psychological frailty but were able to cope on a day-to-day basis—to those extreme or chronic conditions that required institutionalization or resulted in suicidal activity. While statistically few Southern women entered asylums or took their own lives, quite a few found the war taxed their constitutional capacity to carry on and interfered with their ability to function. In contrast to the images of the resilient, irrepressible Confederate women who appear in Lost Cause testimonials, these women fell apart in the wake of war-driven suffering, loss, and despair, their ability or willingness to persevere forth eroded.

Among the most severe cases of wartime trauma on the Confederate homefront were those women who contemplated or engaged in suicidal

behavior.[17] Incidents of suicide had occurred, of course, before the Civil War. But the experiences of war—the exodus of hundreds of thousands of white men, material destruction, invading armies, dislocation, death, economic hardship, and scarcity—greatly increased the emotional suffering of those on the homefront and pushed many beyond their psychological limits. What emerges out of the Civil War, consequently, is an outbreak of female suicidal thought and activity that is recorded in diaries and letters, newspapers, and patient case histories of asylums throughout the South. Quite a few Confederate women, like Emily Harris, merely talked about death as an escape from their personal trials. Some moved past talk, though, and attempted or effected suicide. In peacetime, select groups of women, widows, and young mothers, especially those of the poor and middling classes, at times had struggled to survive. The war compounded the very conditions that made women most vulnerable—loss of husbands, either temporarily to the army or permanently to death, and increased economic hardship—and chipped away at social networks that struggling women traditionally had learned to rely on in bad times. With fewer options for survival, some of these white women in the wartime South entertained self-murder.[18]

Acknowledging the emotional fragility or suicidal behaviors of Confederate women should neither detract from nor negate the many accounts of Southern white women who coped well under duress. Some even excelled.[19] Required to jettison cultural and gendered baggage of the antebellum days, Southern white women largely demonstrated self-sufficiency, resiliency, and confidence in exercising unfamiliar tasks and handling new expectations in wartime. Despite Emily Harris's private protestations of inadequacy and feeling overwhelmed, or even teetering on the verge of a breakdown, she performed admirably well by any measure, including that of her husband. When David Harris returned home on leave in February 1863, he begrudgingly confessed: "I find that my better half has made me a good superintendent in my absence. She certainly has done as well as one with her experience could do. Much praise is due her."[20] Confederate songs, broadsides, and poems praised women's efforts during the war, citing their patriotism, their sacrifices, and especially their strength and fortitude.[21] While much of this exaltation of white women's efforts on the homefront can be understood as jingoistic nationalism, stalwart, resourceful women did successfully run female-headed households. Confederates like Charles Minor Blackford, a captain in the rebel army, extolled the virtues of their womenfolk, whom he credited with accomplishing herculean tasks. He recognized what many other Southerners did: that women were holding the homefront together and supporting the war effort, allowing menfolk to depart for the battlefront. "How much is it possible for the men of a country to be subjugated when the women show so much

spirit? . . . All . . . are engaged everywhere in unceasing labor, plying the busy needle, handling the constant shuttle, twirling the ceaseless wheel, nursing the sick, watching the dying or binding the wounded limb. . . . This is the age of heroines."[22] Lost in contemporaries' efforts to deify women's support of the Confederate cause, however, were those women who did not fare so well, who faltered under the weight of the added stress and responsibilities, the un-heroines.

Despite early exuberant support for the Confederate cause, Southern women soon braced themselves for the inevitable personal toll the war would take on their own and their families' lives.[23] The legendary stoicism of Confederate women belied a collective anxiety that became more difficult to conceal as the war progressed and defeat appeared likely. Texan Louise Wigfall Wright confessed that appearances of calm masked grave concerns: Confederate women "kept brave faces and spoke brave words to cheer each other, though there was gnawing anxiety tugging at our heart strings day and night for our noble armies in the field, and deadly fears for the loved ones exposed to hourly danger."[24] Apprehension and nervousness gripped those left behind on the homefront and continued during the war. Worries generated by the war ebbed and flowed according to local conditions, individual circumstances, and national news, but women on the Confederate homefront fretted a great deal. Only one year into the war, Sally Baxter Hampton, the New York–born wife of a South Carolina planter and a new mother, acknowledged her depression over the "wreck and ruin of our great country," conceding that her "severe mental suffering prevents both mother and child from gaining strength."[25] Virginian Catherine Barbara Broun's diary entries speak to both the depths and the pervasiveness of despair: "We all feel *distressed*. The suspense is *terrible*. . . . Annie Lee is weeping. Katie Bailey looks pale and serious."[26] Later in the war Broun noted, "I have been more unhappy than I have ever been in my life."[27] Some women complained of experiencing "nervous attacks" or "histeria," which grew more frequent as the war dragged on.[28] A few confided they might be going insane. South Carolinian Emily Harris repressed her feelings of worry and grief throughout the war; it had been her duty, she explained, to "shut up my griefs in my own breast." By 1864, she began to openly question her efforts. "Life is not desirable for life's sake."[29] Virginia resident Mary Greenhow Lee agonized that she was becoming "completely unhinged" and "completely broken down mentally."[30]

Nearly all white Southern women had a family member or friend serving in the military, heightening the anxiety level. Mary Jeffreys Bethell of Rockingham, North Carolina, sacrificed two of her sons to the Confederate cause, one of whom spent two years as a prisoner of war, so personal suffering contributed to her despair when she wrote in 1862: "I feel sad and gloomy

today. These times of trouble do try my faith. . . . Darkness and gloom surrounds me. . . . Our country is invaded by the enemy. We have heard of many bloody battles. Thousands have been hurried into eternity."[31] The private confessions of Confederate women speak to the emotional impact of the war, which pushed some white Southern women to their emotional limits and precipitated, or was believed by those around them to have precipitated, serious breaches of mental health.

Another measure of the psychological toll on Confederate women was the number of women entered on the admission rolls of insane asylums throughout the South. Patients admitted to asylums at mid-century were deemed "insane," a catchall diagnosis in the nineteenth century that signaled extremely aberrant behavior that proved uncontrollable or that posed a danger to patients or those around them.[32] Before the onset of war, the supposed causes of women's "insanity" included desertion by husband, death of a child, domestic trouble, menstrual suppression, ill health, and sexual derangement, to name a few. By late 1861 and continuing throughout the war years, asylum attendants began attributing patients' insanity to the war-related causes. "The war," "alarm," "political excitement," "overtaxed energies," and "loss of property" appear regularly in patient records as the causes of insanity.[33] For example, asylum caretakers in January 1862 admitted thirty-seven-year-old Mary Eason, a single woman who ran a boardinghouse in Charleston, into the asylum in Columbia and believed "excitement about the war" had hastened her four-month-long bout with "depression of spirits" accompanied by suicidal ideation. "She wishes to be shot."[34] Elizabeth Moore, also suicidal, landed in the same asylum shortly after the start of the war. The fifty-year-old unmarried woman tried to kill herself several times during a bout of "melancholy" thought to have been brought on by the war.[35] "Fright" occasioned by "war news" depressed seventeen-year-old Ida Murchison, who was admitted to the South Carolina insane asylum in August 1863. Asylum officials remarked that the North Carolina teen had become irritable and a "little excited at the report of soldiers."[36]

For those women deemed emotionally frail or suffering from mental illness in the years leading up to the war, the war further taxed their limited coping resources. In many cases, the war and the stressors it produced unleashed psychological breakdowns of women already teetering with insanity. As a teen, Laura Ann Turnipseed of Columbia, South Carolina, had contracted typhus, after which she developed signs of mental instability. Turnipseed later suffered from a "diseased womb" that manifested in worsening symptoms during menstruation. More recently, the doctor noted, "the excitement and anxiety caused by the present war," as well as some "religious impressions," "culminated [in her] insanity." Her elderly, poor parents, greatly

distressed over their daughter's condition and unable to control her, had confined her to a room, one that lacked even a fireplace. A physician described Turnipseed's behavior as manic—continually talking and "tearing everything she can get hold of." The excitement of the war further agitated a psychologically fragile twenty-seven-year-old woman to the point that her aging parents could no longer care for her and sought to have her institutionalized.[37]

The greatest challenge to the emotional well-being of those left at home came with the mass mobilization of men. Scholars have established that the Civil War constituted a crisis in gender, an acknowledgment that the requirements and exigencies of war and its aftermath destabilized traditional gender roles and relationships.[38] Southern white women, steeped in the patriarchal slaveholding South, had been socialized to play the role of subordinate, dependent helpmate; genteel, pious, self-sacrificing, deferential, and demure, Southern white women, especially of elite and middle-class status, traded compliance and devotion for their husbands' and fathers' protection and support. They managed the activities of the household, arranged social visits, called on neighbors, and entertained guests. They engaged in letter writing, journal keeping, and embroidery, activities of leisure afforded them by slave labor. It was an arrangement few women of the antebellum South challenged.[39] Men, for their part, managed plantations, farms, and business enterprises; they supervised slaves and overseers, maintained the ledger books, and kept apprised of the going rates for cotton. White men represented their families on Election Day, sued in court, and negotiated deals. Gender conventions were, of course, merely the ideal. Not every white Southerner conformed to these gendered expectations.[40] Nevertheless, the Civil War shattered these traditional gender arrangements, as well as the cultural assumptions that undergirded them.

The protective umbrella of paternalism that many imagined shielded white women from external threats and pressures while providing for their necessities was withdrawn throughout the war, despite much rhetoric insisting that Southern men went off to war in order to protect (white) women.[41] For some elite Southern women, the expansion of gender roles necessitated by war presented opportunities to showcase untapped reserves of autonomy and self-sufficiency. White women found themselves managing plantations, farms, and businesses. Overnight women became "planters, millers, merchants, manufacturers, managers."[42] As the provisional heads of household, they inherited important decisions, some mundane or routine, like whether or not to fire an overseer or hide livestock from impressment agents, but others weightier and difficult: Should they abandon their homes to seek refuge inland? Should they shift production from staples like cotton to foods like wheat and corn? Should they sell valuable family heirlooms to buy staples? In

short, the war required Confederate women to take up unfamiliar, uncomfortable "male" tasks, a breach in the traditional arrangement of gender roles. Moreover, the alien tasks white women inherited obviously came on top of established domestic duties, which in some cases had multiplied with the departure of slaves seeking refuge behind Union lines. Because of war, the workload of Confederate women grew enormously.

Confederate women, cognizant of the ramifications of the exodus of male kin, lamented their departure. Women bemoaned the loss of companionship and pined for their absent loved ones. North Carolinian Mary Jeffreys Bethell grew despondent after husband George left: "My dear George left me last Monday. I felt very sad after I left him. I have been sick several days. Depressed and cast down."[43] Bemoaning the absence of male family members during wartime was not unique to Civil War–era women, but women like Bethell had been ill served by the promise of paternalism that cruelly taught them to rely on men for protection and sustenance. The withdrawal of men sent many white women reeling. As historian Drew Gilpin Faust observed, when "male protection had disappeared, female dependence had proved far too costly and too painful."[44] For many white Southern women after the war, involuntary wartime dependence and helplessness forged a new consciousness and determination to never fully rely on male support again. Not all women, especially those of the lower classes, adjusted to wartime conditions without the presence of male heads of household. Quite a few Confederate women lapsed into deep depressions or became consumed with anxiety.

The withdrawal of men, either to service or as the result of death, left many Southern white women lacking confidence in their abilities to perform male tasks and unable to cope with the mantle of family responsibility and leadership, leaving quite a few Southern white women to approach their new role as household head with trepidation and apprehension. Emily Harris choked up when she and her children said good-bye to her husband, certainly because they were going to miss him. Harris's very next journal entry after his departure, though, betrayed deeper concerns, uncertainty, and a lack of confidence: "I wish he was here to tell me whether to have some hogs killed tomorrow or not."[45] Throughout the Civil War, Harris, her physical and emotional stamina stretched taut, struggled with doubts about her ability to manage both family and farm, often expressing feelings of exasperation and depression. "A load of responsibilities are resting upon me in his absence."[46]

Particularly vexing for women of the slaveholding class was the wartime management of slaves, long the purview of men in the antebellum South. Emily Harris regularly complained about non-compliant, malingering, thieving slaves in her husband's absence. In July 1864, Harris caught Old Will stealing eggs. Slaves like Old Will quickly divined the implications of the new war-

time household arrangements and challenged mistresses regularly. "He steals and lies and disobeys all laws with the utmost impunity."[47] Some slave-owning women hired overseers to help for the duration of the war, but in Emily Harris's case the overseer came with his own problems, perhaps sensing, like her slaves, an opportunity to take advantage of a woman left on her own. Harris's sixteen-year-old daughter, Louella, noted that they had hired an overseer in an effort to alleviate the troubles that had been "weighing Mother down," but to no avail.[48] Mary Jeffreys Bethell's wartime diary, like Harris's journal, teems with confessions about depression and anxiety after the departure of two sons and a husband. Bethell faced new obligations and challenges, including overseeing three ill slaves in the absence of her husband. "I think Cinda's baby will die, at least it is bad off." Then, without skipping a beat, she wrote, "My dear husband has not returned yet."[49]

Unrelenting needs of children, slaves, and farm or plantation piled up on top of worries about the war, in particular, apprehension about the safety and well-being of male relatives. Dread about news of a husband's or son's death consumed the living and even sleeping moments of many Confederate women. A dark cloud of uncertainty hovered over farewell scenes throughout the Confederacy, like that of Mary Jeffreys Bethell, who bid adieu to two sons. Her words reflected the sentiments of women throughout the Confederacy: "I feel very sad in parting with my precious child. I may never see him again."[50] Poor or spotty communication exacerbated the uncertainty, heightening the anxiety of civilians. Bethell wrote a year later: "I feel concerned about my dear boys. I do not know but they may be killed or wounded."[51] Months and years of waiting for word took their toll on Bethell's emotional well-being. "I feel anxious to hear from the battle to know if my boys are hurt. . . . This suspense and anxiety of mind is very unpleasant."[52] In May 1862, she believed son Willie's unit had taken part in battle near Yorktown and heard his company had suffered greatly. "Oh my heavenly Father, help to bear this great trial. I am so concerned about my dear boy. I do not know what the situation is. . . . Oh! The suspense of mind is so unpleasant. I never had such trials before in all my life." Willie survived, though he landed in a Richmond hospital wounded.[53] Emily Harris exemplified the constant state of concern that enveloped Confederate wives when she acknowledged that a soldier's wife "cannot be happy in bad weather or during a battle." Cold or rainy weather prompted Harris to wonder about her husband's conditions: "Threatening rain. Is my husband sheltered?" News of fighting on James Island, where David Harris was stationed, occupied her last waking thoughts one evening: "I feel very anxious, but what should I do?"[54] Jane May, who had not heard from her husband, John, a private in the 12th South Carolina Volunteers, shared Harris's anguish. "How can I stand it because I do no [*sic*] [if]

my dear husband is suffering[,] that is if he is not dead before now." May hinted that her life would not be worth living were he to die in battle. If "my dear good husband is taken away from me then oh then what have I to live for. my all will be gon if he is taken away from me. what would I live for then, oh this world of trouble."[55]

The pressures of having male kin in the military, while extremely stressful, appeared not to cost Bethell and Harris their ability to function. Others were less fortunate. Some wives and mothers of Confederate soldiers became so consumed with worry about the welfare of menfolk, and by other external pressures of living in a war zone, that they became incapacitated. Records of Confederate women admitted to insane asylums during the war years provide important evidence that not all white Southern women possessed sufficient emotional fortitude to weather the life-altering challenges posed by war.[56]

As with institutionalized soldiers, medical caregivers often seemed unmindful that women entered their facilities with conditions either emanating from or exacerbated by the circumstances of war. Admitting personnel relied on a patient's family members to convey relevant family and medical histories, critical to determining a diagnosis. Laypeople possessed little understanding of direct and indirect causes of psychological maladies, so they likely overlooked key events or circumstances tied to the war that might have made a causal connection more apparent to caregivers. Because medical caregivers, too, lacked a modern understanding of the etiology of mental illness, their attributions of causes have to be viewed cautiously. Occasionally, a war-related influence would appear as a "cause of insanity," such as "loss of property" or "excitement about the war," but in other instances, obvious personal ties to the war, namely a husband's enlistment in the army, might go entirely unnoticed.

Patient histories recorded at the asylum intake session offer clues about the war-related triggers of Southern women's psychiatric ailments, but because caregivers lacked a full understanding of the link between traumatic or stressful experiences and aberrational behavior, pertinent information related to a patient's condition might be overlooked or dismissed simply because it was not deemed important. Occasionally, the enlistment or conscription of a husband was noted as the cause of a Southern woman's mental breakdown, but just as commonly that fact might be overlooked in the patient histories of insane asylums. Just because a patient history made no mention of a husband's departure to the front, however, does not mean it played no role in a Confederate woman's psychological collapse.[57] The case of Lucinda Fuger is instructive. Fuger entered the asylum in Milledgeville, Georgia, in December 1861. Fuger's case history indicates no known cause of her

affliction, yet the record also notes that her husband was serving in the army in Virginia at the time of her hospitalization. No one linked her mental illness to his service. Fuger died six months later in the asylum.[58] More extreme were the cases of Confederate women who killed themselves over an absentee husband. A nineteen-year-old New Orleans woman, married just two years, ingested a lethal dose of morphine after merely dreaming her husband had been killed in battle.[59] The cause of Mary Alford's suicide in 1864 is unclear, though friends had been concerned about her showing signs of "insecurity," a vague diagnosis for sure. Husband Frank, a lawyer from Norfolk, enlisted in a Virginia heavy artillery unit in March 1862, but took ill shortly thereafter and was hospitalized in Richmond for at least six months. In December, he received a medical discharge for chronic hepatitis. At the time of her death, Mary Alford resided with her widowed father in Richmond, probably to be closer to her ailing husband. The link between Mary Alford's husband's military service and serious illness and her decision to hang herself is tenuous—the newspaper account ventured no cause of the rash act—but the stress of her husband's service and his declining health as a result is one possibility.[60]

War and the transformed domestic world Confederate women inhabited compounded the routine stress they experienced as mothers and wives, taxing some women's emotional and psychological capacities and making it difficult to operate normally. Those most susceptible to psychiatric breakdowns, including suicidal behavior, were the region's young mothers. A glimpse inside the walls of Georgia's insane asylum during the war years substantiates the impression that young Southern white mothers were among the most adversely affected psychologically by the Civil War. A total of thirteen suicidal women were admitted into the asylum in Milledgeville from April 15, 1861, to April 14, 1865. Of those, eleven, or 85 percent, were married or widowed. Eight of those eleven female patients had children aged ten or younger.[61]

Several reasons account for young mothers' susceptibility to suicidal behavior and institutionalization during the war. First, mothers of young children in wartime Georgia likely were married to men who enlisted in the army and thus suffered the loss of their husbands' emotional and material support. Second, female patients had large families, which added significantly to their burden. Six of the institutionalized married women or widows had at least five children; two had nine children (one forty-eight-year-old woman had fourteen living children). Like Emily Harris, who grew weary after taking on her soldier-husband's obligations and jobs in addition to caring for her large brood, these women faced familiar and not-so-familiar domestic and parental burdens that were compounded by the strains of war. Even when husbands remained in the household, the added emotional and material

demands placed on white Southern mothers jeopardized the mental health of many. Twenty-seven-year-old Susan Gaines had suffered from a psychological ailment for five years, but it was not until the war years that her condition worsened and required hospitalization. The mother of three, who had been married just six years, talked of suicide.[62]

Older mothers with large families also fell victim to suicidal impulses during the war. Forty-eight-year-old Virginia King of Georgia went further than Gaines when she attempted to drown herself in a small creek near her home. The attempt punctuated several months of insanity and played no small role in her institutionalization in October 1862. The mother of fourteen living children, the youngest of whom was three, was prone to becoming "vexed," in which state she would "strike persons when opposed." Caregivers made no mention of the war or the extra stress that it produced as possible causes, although she had four military-aged sons, at least one of whom served in the war, which would have added to her emotional burdens.[63]

Family and community members sometimes failed to identify anguished mothers as dangers to themselves or their children or, if they did, failed to take adequate precautions. Thirty-one-year-old Louisa Wilson of North Carolina had little opportunity to grieve the loss of a two-year-old son in December 1862, as an ailing husband and two other sick children, one of whom was on his deathbed and likely to die like his younger brother, demanded her attention. In what one might very well imagine was a moment of utter despair and exhaustion, while family members slept, the Quaker woman retreated to the outhouse, where she cut her throat with a razor and died. The newspaper account speculated that "troubles falling so suddenly upon one so tender at heart" resulted in "momentary insanity," causing Wilson to end her life.[64]

Women of childbearing age also were vulnerable to psychiatric collapses due to postpartum depression that afflicted women after the births of children, which may have accounted for some of the most severe wartime cases of mental illness among Southern women, including suicide. Four of the suicidal women admitted to the Georgia asylum during the war had a child under age eighteen months. Nineteenth-century physicians treating childbearing women had a vague notion that mental illness could be precipitated by any number of conditions related to reproductive health or nursing. An antebellum treatise on puerperal insanity, reflecting widespread belief among physicians and asylum keepers, posited a strong connection between a woman's "organs of reproduction and the great nervous centres." Puerperal insanity presented as manic or depressed behavior. Symptoms included a rapid pulse, want of sleep and rest, irritability, talking incoherently, anxiety, and often a "disposition to self-destruction" and "carelessness as regards the infant."[65] In

other words, these women posed a risk to their own and their newborns' safety. Asylum officials therefore routinely asked pointed questions about women's menstruation, pregnancy, and childbirth history upon admission in order to aid in diagnosis.[66] So when newly married Martha Hodges, a twenty-year-old Macon resident, showed signs of "derangement" a week after the birth of her first child, doctors ascribed it to the influence of "the puerperal state." The onset also corresponded with the outbreak of war and husband Brantley's enlistment into the Georgia infantry, so the young mother and wife faced not only the new role as mother all alone, but saw her husband leave her side, while suffering a debilitating psychological attack of postpartum psychoses that likely contributed to her suicidal threats and at least one attempt to drown herself.[67]

Postpartum depression existed outside of a war setting; Southern white women suffered from its effects well before the Civil War, but the condition rendered young mothers, many sending their husbands off to war, particularly susceptible to even greater debilitation. Postpartum depression is a common condition experienced by about half of all women who give birth. Believed to be linked to hormonal and/or biochemical changes in a woman's body after she delivers, postpartum depression can cause some women to become despondent and suffer from mood instability, feel inadequate, have difficulty sleeping or concentrating, and experience loss of appetite. Psychological symptoms in parturient women, those having recently delivered babies, can range from mild to severe, from benign and transient, to severe and long lasting. Postpartum psychosis, the most severe form of mental illness afflicting new mothers, presents far less commonly, affecting only one or two women in one thousand, and is usually characterized by delusions or hallucinations. In the United States today, approximately 10–20 percent of women giving birth experience a severe form of nonpsychotic postpartum depression that may include suicidal thoughts or impulses to kill their infants.[68] Only occasionally do patients in nineteenth-century Southern asylums appear likely to have been suffering from extreme manifestations of postpartum complications.[69]

The peripartum stage, the period including the last month of gestation and the first few months after the delivery, renders new mothers susceptible to depression and mood disorders. And while the underlying causes of postpartum depression or psychosis can be linked to the hormonal or biochemical changes in a woman's body, environmental factors, such as stress or lack of support, can exacerbate the depressive state.[70] Recent studies of postpartum depression conclude that under conditions of significant stress and inadequate support, as in war, mothers are at higher risk of experiencing postpartum depression or even more severe symptoms. In the nineteenth century, a British

asylum physician remarked how "epochs of national excitement," such as invasion and political instability, precipitated a rise in cases of puerperal insanity in France.[71] Many childbearing women in the South faced these same conditions: extraordinary stress, absence of husbands, and a disruption of social networks of support upon which nineteenth-century women relied during periods of pregnancy and childbirth.[72] Given current knowledge about postpartum depression and psychosis, young women giving birth during the war, already susceptible to depression and mood instability, and deprived of essential social support, would have been in grave jeopardy of experiencing more frequent, more severe, and longer-lasting symptoms. Asylum caregivers, though, nearly always privileged a woman's reproductive condition as the primary or sole cause of her mental illness, while ignoring the context of war as playing any role at all.

Take the case of Sarah Fletcher who had given birth to ten children during her marriage to a Georgia farmer. In 1849, she lost an infant at age three months, which was believed to have affected her "mind." Whether or not her compromised mental state was attributable to grief over the death of an infant or postpartum psychiatric activity is not known, but she recovered and, by and large, remained generally healthy through 1862, when she "ceased giving any attention to the domestic affairs" and "took to bed." She also made suicidal gestures, insinuating she might stab herself or jump into a well. Fletcher had given birth in late 1861 to another child who had also died. Grief or postpartum depression or both likely diminished her mental health. It is not known whether her husband remained in the household during the war or whether his possible absence contributed to her emotional debilitation. Would Sarah Fletcher's reproductive and grief-related mental illness have landed her in an asylum in the absence of war? Would her symptoms have escalated so dramatically were it not for war? Mothers like Fletcher, prone to postpartum psychiatric disorders, certainly fared worse under the added pressures engendered by war—scarcity, fear, homelessness, death, anxiety, loneliness—which almost certainly played a role in her declining mental health and subsequent institutionalization.[73] Like so many Southerners struggling with psychological disturbances during the war, postpartum women faced internal pressures, likely rooted in body chemistry, as well as external war-generated pressures, such as the absence of their husbands at stressful life events.

Many white Southern mothers faced multiple and overlapping personal crises, some brought on by war, some not, which contributed to serious psychiatric problems. Left to manage households alone, perhaps presenting with postpartum symptoms and/or grieving the loss of children, Confederate wives now faced the crises wrought by war, such as worry about the welfare

of soldier-husbands or sons and, for some, the invasion of an enemy army. Forty-year-old Winnie Gladden, a native of Walker County, Georgia, had a complicated medical history that included postpartum depression and the deaths of two young children. Child mortality was quite high at mid-century, and so the death of children was an all too familiar scene in American households.[74] Frequency of child death, though, did not inure Southern women to the loss of children. Nineteenth-century Southern women cultivated intense bonds with their young children, probably because of their relative isolation and access to few outlets other than home, so white Southern mothers invested a tremendous amount of emotional capital in their children. Many mothers suffered terribly and inconsolably when faced with their children's untimely deaths.[75] Higher fertility rates and earlier marriage ages in the South meant that Southern women risked and suffered more child births and deaths than their Northern counterparts, even though child mortality rates appear to have been constant throughout antebellum America, North and South.[76] The multiple child deaths that Winnie Gladden and Sarah Fletcher experienced, then, occurred routinely in the mid-nineteenth century. What was not routine, however, were the exigencies of war that compounded a mother's grief and postpartum depression, such as the invasion of enemy troops, which laid waste to Gladden's home. Overwhelmed by the psychological strain, Gladden arrived at the Milledgeville asylum in spring 1866 after having suffered throughout the war. Husband Elias Gladden, gone for much of the war, left his wife to run the Gladden household, which included seven children. Gladden also gave birth late in the war to her final child, after which she suffered a complication called "milk leg," a condition characterized by painful swelling of the legs and inflammation of the femoral veins. The condition left her "low for some time."[77]

The common sources of psychological instability for childbearing women in the antebellum era—grief for dead children, reproductive-related depression or psychoses, absence of husbands—constitute the first layer of underlying causes of mental illness for nineteenth-century women. With the onset of war and the added burdens of absent husbands and material challenges to mere survival, many bereaved Confederate women were pushed beyond their capacity to manage all that Southern society in wartime expected of them. Husbands who departed for the front deprived their wives of crucial support when they lost children, leaving an emotional vacuum. Ella Gertrude Clanton Thomas described how important her husband's presence was to her when an infant died. He took on the mundane but necessary tasks of securing a coffin and arranging for a grave to be dug. Most importantly, he sustained her through grief. "He has shown the greatest possible kindness and sympathy and done everything in his power to alleviate my grief."[78] Wives

of Confederate soldiers lost an indispensable source of personal sustenance in what was one of the great challenges for parents, burying a child. Henrietta Passmore from Macon, Georgia, grieved the loss of children against the backdrop of war. She suffered the devastating blow of losing both of her small children, the youngest born in late 1862. By 1864, Passmore was deemed insane. The war—"loss of property" and the "general state of the country"—contributed to her poor emotional health. Yet more personal exigencies of war, on top of her grief, undoubtedly played a role in Passmore's mental decline. Her husband enlisted in May 1862 but returned home in September on furlough because of illness. Henrietta Passmore thus added a convalescent husband to her already numerous domestic responsibilities. In January 1863, Abner Passmore procured a substitute, presumably because of his poor health, but perhaps it was his wife's health that was more of a concern. Later that year, Abner was drafted despite purchasing the services of a replacement. While caregivers conceded in general ways the impact of the war on Henrietta's mental state, no mention is made in her personal history of the detrimental consequences of war on the Passmore household, including her husband's withdrawal from the home, his illness and the nursing demands it placed on her, and the turmoil of believing her husband had found a way to avoid military service only to have him removed once again. Henrietta Passmore, left alone to care for two babies in a war zone and, quite possibly, to watch them die without the emotional support of her husband, then saddled with the care of an ailing husband, crumbled under the weight of the personal costs of war.[79]

Trapped in a downward spiral during the war, some women saw the appeal of suicide as an escape from emotional pain and suffering. Suicidal ideation plagued Mary Baker, another Georgia woman, who suffered debilitating psychological difficulties requiring her admission to the state asylum just weeks after war was declared. Although the presence of multiple triggers complicates efforts to sort out which events hastened her decline and which served as precipitating factors, Baker, only twenty-two years old when war broke out, experienced at least two bouts of postpartum depression following the births of children in December 1859 and February 1861 that were accompanied by suicidal thoughts. Postpartum depression likely contributed to Baker's "disordered" state of mind, but the death of an infant previously may have weighed on her as well. Baker's admission to the asylum in April 1861 suggests the timing was connected in some way to the outbreak of war and the departure of her husband, Benjamin, who enlisted in the Georgia cavalry.[80]

The war functioned as a catalyst, exacerbating the mental health of women suffering from loss of children and/or reproductive-related depression or psy-

choses. Caregivers at the Georgia insane asylum received mother-of-four Sarah Malloy in June 1864 and attributed her "derangement" to postpartum psychological problems that materialized just two months after the birth of her first child, some six years prior. Her condition, though, worsened during the war. Although not suicidal, she had become "terribly violent and destructive" and did not eat or sleep well. While these symptoms and the timing are consistent with a diagnosis of postpartum depression or (perhaps) psychoses, medical records make no mention of Malloy's husband, Angus P. Malloy, who enlisted in the 18th Georgia Battalion in 1862 and died in battle at Morris Island, South Carolina, in July 1863. The young mother, deprived of her husband's emotional support, shouldered parenting responsibilities alone while suffering a serious decline in her mental health. Finally, she received the dreaded news of her husband's death, signaling that she would never again be able to depend on him as a source of material and emotional support.[81] Women like Sarah Malloy faced unprecedented challenges in wartime: feeding, clothing, nursing, and educating children; pregnancy and childbirth; profound mental illness; adjusting to life without a husband—protector and provider. Mere survival under these circumstances appeared elusive.

In addition to young mothers, Confederate widows suffered considerably from psychological ailments during the war and found survival challenging. Southern white women, like married women in other nineteenth-century patriarchal societies, always faced the possibility that death of husbands might leave them financially, materially, and emotionally exposed. Throughout nineteenth-century America, few husbands adequately provided for their surviving wives and children. Consequently, widowhood, especially if small children were involved, became associated with poverty.[82] The weight of added responsibilities coupled with grief and destitution drove many antebellum Southern widows to insane asylums, where they constituted a significant part of the patient population.[83] The most common causes listed for their lapses into insanity include loss of husband, loss of children, loss of friends, and loss of property.[84] Antebellum widows were vulnerable financially, materially, but also psychologically.

Women in early America who successfully navigated the choppy waters of widowhood pursued one of two strategies that increased the likelihood of survival: remarriage or reliance on social or kin networks. In the antebellum period, widows or women whose husbands were gone on extended trips relied on male neighbors or extended kin for help.[85] But during the war, white Southern women who found themselves the sole heads of household had fewer options than before the war. Remarriage was one alternative, but war diminished the pool of marriageable men.[86] War widows increasingly turned to neighbors or kin, most of whose households would have been also depleted

of men. The war drained and taxed the traditional community and family networks of support, which made survival more difficult for widows.[87] Twentieth-century studies of social support and stress have shown that social networks help shield people in crisis from a variety of pathological ailments, so the lack of or diminished social and kin support during war, on which widows had traditionally relied, deprived them of a key means of coping with wartime crisis.[88]

Southern white women thus faced grave personal crises with the departure of male household heads to the front and, for some, with the war-related deaths of husbands. Widowhood, a grave threat to survival in peacetime, proved impossible for some Southern white women in wartime. One study of nearly three thousand Virginia war widows provides insight into why wartime widows as a group struggled psychologically. According to Robert C. Kenzer, over two-thirds of Virginia's wartime widows had been married in the 1850s; more than half were in their twenties. Three-fifths of their husbands had worked as farmers, overseers, or farm laborers and so were of the middling class at best. Most Virginia couples were young and not married long when war broke out, so they had accumulated little real estate, leaving women ill-prepared and without adequate resources to support themselves when their husbands died.[89] Whether women mourned the loss of their husbands as companions, or whether their husbands' unexpected deaths occurred at a time in the marriages that made them especially vulnerable, Confederate widows sometimes succumbed to severe mental illness, unable to cope with the new demands of widowhood in a war zone.

Some Confederate widows, steeped in despair and hopelessness, saw no escape other than death and so considered or even committed suicide.[90] Ann Little was a Georgia widow whose husband's death shortly before the start of the Civil War left her to raise and provide for six children ranging in age from four to twelve. She owned one slave, a nineteen-year-old female, who had run away prior to the war, leaving Little with no adult labor in the household to assist with the multitude of unremitting tasks managing her large brood. In 1864, she exhibited signs of insanity, including suicidal thoughts, which continued after the war. Three times she had been caught attempting to drown herself in the river. Another time Little tried to set her house on fire with her and her children inside. Asylum officials attributed the cause of her "insanity" to the death of her son, which may or may not have been related to the war. Little, aged thirty-six when war broke out, then was mourning the loss of both a husband and a son within a few years' time. While surely beset by grief, the deaths of two adult men in the Little household also left her with the herculean challenge of caring and providing for a large family alone in wartime. Sole responsibility for a large family,

coupled with grief under the trying conditions of war, apparently deprived Little of the will to live.[91]

Widow Virginia Camp moved in with her parents in north Georgia after her husband died in 1854. In her twenties and left with six children to raise, she was supported by extended family when war broke out. Family members had her institutionalized in November 1863 because she was "constantly in distress" and suicidal. Information relayed to asylum caretakers indicated that the first signs of insanity emerged while Camp was in confinement with her last child, about eight years prior, but no reference was made to the recent military activity in and near Catoosa County, where she lived, which might well have been a contributing source of her "distress." Federal forces had crossed into Georgia in September 1863, setting the stage for the Battle of Chickamauga later that month and Chattanooga after that in November. Union troops pursued Confederate forces through north Georgia where they converged for a stand in Ringgold, near where Camp lived with her family. Camp's institutionalization in November 1863 coincides with the shift of fighting into north Georgia and presumably played a role in exacerbating latent psychiatric difficulties.[92]

Confederate widows faced the challenge of supporting families without their life partners, common in the nineteenth century, but with the added burden of navigating their charges through the chaos and uncertainty of war. With the absence of the male head of household, a widow might well turn to her adult male children for financial assistance, to seek business or farming advice, and to represent her in court in legal matters. The war, though, robbed many Southern widows of their adult sons, whose customary role was to step in after their fathers died. Widows fretted about their sons going off to war, worried about their well-being, and mourned their deaths, which delivered an emotional wallop to mothers. Abigail Barnes, a fifty-five-year-old widow, became suicidal because of the war, according to asylum officials. The mother of nine lost her sixty-seven-year-old husband shortly after the outbreak of hostilities, which was also offered as a possible cause of her troubled mind. In early 1862, she had become "noisy pretty constantly" and claimed to be possessed "with the Devil." Barnes made multiple attempts to take her life by various methods: cutting her throat with a razor, shooting herself, and drowning. While asylum officials acknowledged that "the war and the suffering likely to result from it" contributed to Barnes's psychological demise, they failed to note that at least two of her sons had enlisted in the Confederate army. In 1861, a confluence of events conspired to chip away at Abigail Barnes's emotional and material well-being. Her husband and life partner had died, leaving her to care for her large family in the midst of turmoil. Her adult sons, on whom she should have been able to rely following her husband's death,

also abandoned her to defend their country. The modest living her farmer-husband had been able to provide was now in jeopardy as the able-bodied men in her family dropped their hoes to take up arms. Of course, there was also the inescapable worry that her sons were in harm's way.[93] Like Barnes, Mary Daniel's children were grown when her husband, Woodson, died soon after war broke out, so the care and support of little ones was not a concern. Yet she hanged herself shortly after her husband died. The grief over her husband's death was assuredly magnified by the enlistment of her son, twenty-three-year-old John Chesley Daniel, in March 1862.[94] Mary Phillips, a fifty-year-old South Carolina widow, may have exhibited some mental instability before the war, but her symptoms grew so serious in mid-1863 that she was admitted to the asylum in Columbia. The mother of four had been suffering from "depression of spirits" that drove her to attempt suicide. She died in the asylum three months later.[95]

Caroline Mayo of Richmond, widowed before the war, faced the challenge of life during wartime alone. By all accounts, the Mayo family threw themselves behind the Confederate effort. Her brother-in-law and first cousin was Joseph C. Mayo, mayor of wartime Richmond. Twenty-one-year-old daughter Martha received lavish praise from the Richmond press as "one of our most patriotic and talented young ladies" for donating her medals of academic achievement at a female academy to the Confederate government for conversion into coins.[96] Son Theodoric, a physician, enlisted with the Richmond Howitzers in May 1861 but later transferred to the 3rd Virginia Regiment as a surgeon.[97] Another son, William C. A. Mayo, aged eighteen when war broke out, enlisted in the Confederate army like his older brother.[98] Caroline Mayo herself, aged fifty-one when the Civil War started, headed up a new private hospital, one of sixteen "ladies' hospitals," in Richmond to care for "invalid soldiers" in her own home, called the Good Samaritan Hospital, which Mayo oversaw, drawing no salary.[99] In August 1863, Mayo appeared in the pages of the daily newspaper again, this time following an attempted suicide. The *Richmond Dispatch* reported that efforts to save the "life of the unhappy lady" succeeded and offered "domestic trouble" as the motive behind her intentional overdose.[100] The nature of the "domestic trouble" was unspecified, but might it have been concern for her adult sons serving in the military, one of whom was captured at Gettysburg, right before her attempt? Records show Caroline Mayo lost at least two children in infancy. The prospects of losing yet another child might have brought to the surface submerged feelings of grief and sadness.[101] The pressures of living near a war zone without the support of her life partner may have proved too much for her to bear alone. Or, her work with invalid Confederate soldiers may have traumatized or depressed her. A home transformed into a hospital for sick and wounded

soldiers provided no retreat from the reality of war. Like other nurses and matrons, Mayo became close to her patients and wrote tender letters of reassurance to family members when they passed.[102] On the other hand, some other "domestic" matter, unrelated to the war but hidden from the record, may have left Mayo utterly unable to cope any longer. While the historical record discloses no definitive explanation for Caroline Mayo's suicide attempt, there seems to be no question that war-related pressures contributed to her declining health.[103]

Evidence of mentally ill or suicidal Confederate widows suggests that widows, longtime or recent, found living through a civil war without a spouse trying. Sixty-nine-year-old Anne Galbraith, a widow since before 1840, shocked neighbors when she hanged herself in her Yorkville, South Carolina, home in late 1861.[104] Caroline Springer of Georgia, who was not a widow but who had been separated from her husband for sixteen years, was committed to the Georgia insane asylum just a few months after the war started. Springer had a history of "derangement" dating back at least five years when she attempted suicide by hanging, but she seemed to have recovered. She became symptomatic again during the war, this time targeting others with violent acts, such as throwing knives and forks at people. She died in the asylum about a year later.[105]

The war greatly exacerbated the suffering of widows by adding to their already weighty concerns, but the war also increased the number of women in the South who were left with sole responsibility of caring for fatherless families. The conflict claimed a significant number of young adult males, many of them heads of young families. In Virginia, to take one example, between 20,000 and 30,000 men died in the service of the Confederacy, about one-fifth of whom were married, resulting in between 4,000 and 6,000 Virginia widows, many of them left with small children to support who were too young to contribute to the running of the household or farm.[106] Twenty-two-year-old Martha Harbin, for example, became "troubled" following her husband's death while serving in the Confederate army, the purported cause of her mental instability. According to records of the South Carolina asylum, the mother of two had been married only four years when she was widowed. Family members became alarmed by Harbin's attempts to burn herself and throw objects into an open fire, which led to her institutionalization in spring 1864.[107] Frances Campbell's husband, Austin, died on the third day of battle at Chancellorsville in May 1863. The South Carolina man had enlisted in July 1861 at the age of twenty-nine. Austin Campbell had survived the Battle of Gaines's Mill in June 1862, against all odds, when 59 percent of the members of "Orr's Rifles" regiment, of which Campbell was a member, had been killed. Campbell's regiment also saw action at the Seven Days Battles, Second Manassas,

and Fredericksburg. Campbell's luck ran out, however, in the regiment's first engagement of 1863. A little over a year later, his widow, Frances, mother of two small children, entered the insane asylum in Columbia. Attendants noted that for three to four years, a period corresponding with the start of the war and her husband's enlistment, she had not been of sound mind, but had grown worse in the previous several weeks. She was depressed, restless, and inclined to wander. Though she was not suicidal, asylum officials were well aware that her father, a Baptist minister, had committed suicide in 1843 and so seemed alert to a hereditary predisposition to suicidal behavior. Frances Campbell also manifested "delusions," the chief one being of her husband being killed. Indeed, her husband's death was listed as the cause of her insanity. Asylum records reveal only part of the pain Frances endured as a result of the war. Other sources show that at least two of her nine brothers died in the war: David Henry Gambrell died at Winchester, Virginia, in November 1862, and Matthew Gambrell died at home while on a medical furlough in 1862.[108] Not only did Frances mourn the loss of two siblings, but their deaths meant she would not be able to turn to either one for support and assistance in the wake of her own husband's death, which was common practice for widows in early America.[109]

As with young Southern mothers who struggled simultaneously with reproductive-related psychological disorders, grief, and war-generated anxiety, widows, too, confronted myriad challenges to their mental well-being while living in a war zone. The case of Eleanor Carroll, who entered the Georgia insane asylum in 1862 after several unsuccessful attempts to drown herself, exemplifies the nexus of multiple underlying causes of psychological collapse experienced by many Confederate widows. Eleanor Dekle, widowed in the 1840s and left with several small children, remarried and moved from Georgia to Florida with her new husband, John Oliver Carroll, by whom she had four additional children. When war erupted, Carroll enlisted in the 5th Florida Infantry. He either left Eleanor and the children in Florida or relocated them back in Georgia to stay with family. By October of that year, family members had placed Eleanor at the asylum in Milledgeville. Officials there attributed her psychological troubles to "disease of the womb." Eleanor had given birth to at least seven children, so she might have been suffering from gynecological complications or postpartum depression, or a combination of the two. Her youngest child was around age three when she was hospitalized, but records indicate Eleanor had been battling psychological issues for eighteen months, so childbirth-related psychoses cannot be dismissed. Further complicating her medical history were the purported deaths of two small children, although this information escaped the attention of her asylum caregivers. Finally, but also escaping the notice of care-

givers, was the enlistment of her husband, John, who left Eleanor's side in March 1862. Seven months later Eleanor had collapsed under the weight of physical frailty, grief, possible postpartum illness, and the abandonment of her husband, leaving her alone to care for her large family while she herself was in need of care. She appears never to have recovered, as she died within the walls of the asylum in 1868.[110] The war made Jane Sims a widow and like Eleanor Carroll, she, too, spiraled into a battle with mental illness from which she never recovered. Those around Sims declared her insane and listed her as such in the 1870 census, when she domiciled with her brother's family in Coweta County, Georgia, where Sims remained until 1872, when she was institutionalized. Officials at the Georgia asylum remarked that she had become insane eight years prior when, in her twenties, she had become a war widow.[111]

While widows and mothers of young children bore an especially hard burden during the war, women with adult sons also suffered from anxiety and depression. Mothers whose sons died or were wounded during the war at times crumpled in agony over their losses and seem to have been especially prone to psychological collapse.[112] Harriet Bibb, wife of a Charlottesville bank officer and mother of four, was a "rather cheerful" woman before grave psychological problems arose in the spring of 1863. Bibb saw her eighteen-year-old son, French, enlist, but in May 1863 came the dreaded news: he had been wounded at Chancellorsville and lingered for a few weeks before succumbing. The news catapulted Bibb into a downward spiral. Though never suicidal, she showed signs of extreme agitation: she slept little and was "loquacious and excited." Records note that she sometimes choked others and pulled their hair.[113] Nancy Hawkins's twenty-four-year-old son, William, of North Carolina also perished at Chancellorsville in 1863. Less than a year later she, too, was dead. The thirty-nine-year-old woman hanged herself, although the pithy newspaper account made no mention of a cause of the suicide.[114]

Asylum officials often overlooked the obvious source of anxiety for mothers of soldiers and attributed psychological decline to other factors. Caregivers privileged a somatic cause of Nancy Letson's mental decline and suicidal threats—typhoid fever—when admitting her to the asylum in Milledgeville in March 1862, but had missed, or were not told, that at least two of her grown sons, Gabriel and Henry, had volunteered for duty with the 60th Alabama Infantry at the time of her institutionalization.[115] The family of forty-five-year-old Theresa Jackson admitted her to the South Carolina asylum in February 1863 after a four-month spell of poor mental health. Records indicate she was "dejected and sick" and "very nervous." More seriously, Jackson had attempted suicide at least twice, once by jumping into a well and then by hanging. Officials identified heredity as the cause of her mental lapse, but

the delusions she experienced offer a more plausible cause: she imagined her husband and son "going from her." In fact, twenty-one-year-old son Abner B. Jackson, who enlisted in the South Carolina infantry, was a prisoner of war for a time. Separation fears by a mother whose son had been away for years and facing mortal danger reveals a distraught woman who saw no recourse from her anxiety about death of loved ones other than death for herself.[116] Record keepers at the Georgia asylum, though, acknowledged a causal link between Matilda McCravey's wartime derangement and her son going off to war. En route to the asylum in 1866, the widow threatened to kill someone "or be killed in the attempt." McCravey began showing signs of derangement in 1858, about the time she was widowed. Symptomatic before the war, manifestations of mental illness worsened during the Civil War when her youngest son was "compelled to go to the army." The son about whom she worried was probably David S. McCravey, who became a lieutenant in the 36th Georgia Infantry and was captured and imprisoned following the Battle of Vicksburg.[117]

An injury to her soldier-son and the physical and emotional strain of caring for him catapulted a North Carolina woman into a complete psychological breakdown that required institutionalization. Although Ann Eliza Myers had had at least one bout of puerperal fever, a war-related injury to her son in February 1865 triggered her psychological collapse. While traveling to the front, his foot was crushed in an accident near High Point. Myers rushed to her son's side and assisted with his care, a common practice during the war. The stressful vigil taxed Myers beyond her physical and mental capacities. She spent ten sleepless days and nights nursing her ailing son, as doctors contemplated amputation. Incessant train noise near Myers's hotel further frayed her tattered nerves. By the time she entered the asylum in South Carolina, she had become combative, striking family members. An attending physician in Virginia described her as very depressed, restless, and unable to sleep. Another called her "deranged," her mind "a wreck." Delusional, she proclaimed herself to be "Elijah, son of God." She also attempted suicide several times: by jumping from a second-story window, attempting to jump into a well, and by attempting to burn her house down.[118]

Dread about losing a male relative, whether a husband, son, brother, or father, in battle constituted Confederate women's worst fear. Too often those concerns materialized. At the outset of war, as Drew Gilpin Faust argues, Confederate women encouraged male relatives to enlist, considering self-sacrifice the patriotic duty of all Southern women. But as the war dragged on, and as male relatives returned in pine boxes, or not at all, the wartime ideology built on female sacrifice began to erode.[119] The shock of losing loved ones to the war effort broke many white Southern women, though most managed to work through grief and emerged from a mourning period able to

function; religious faith consoled many Southern women facing the death of a family member.[120] Many, though, did not. Young Elizabeth Shockley, aged twenty-one, was committed to the asylum in Georgia in March 1863 after losing three brothers and her father. The infirmed brothers, all in their twenties, enlisted with a Hall County company known as Brown's Boys. Within a few months, all three were stricken with disease and probably never got out of camp. The young men's father quickly departed for the Atlanta hospital where they were convalescing, to nurse them, when he, too, contracted the same disease. All four Shockley men succumbed to illness and died. Asylum officials concluded that the shock of the four deaths had "contributed materially to originate the disorder of her mind." Small wonder, then, that Elizabeth Shockley imagined herself "in Hell and suffering all the torments of the damned."[121] The death of a fiancé caused Sarah Baxter of Madison County, Georgia, such great emotional distress that she, too, was institutionalized. The young woman in her early twenties had gone to visit her sister in the summer of 1863, when she got word that the man to whom she was engaged had died in camp. It took nearly a decade for her to become well enough to leave the facility.[122]

Occasionally, news of a male relative's injury pushed Confederate women beyond their capacity to manage emotionally. Twenty-five-year-old Martha Bird entered the South Carolina insane asylum in February 1866 after years of mental debilitation, the trigger of which was believed to have been the amputation of her husband's leg following the Battle of Gettysburg. While Samuel Bird's wound caused his wife considerable "grief," his capture also likely contributed to her anxiety as she languished for months unaware of his fate. It was not until the end of 1863 that prisoner-of-war Bird was exchanged and brought to Jackson Hospital in Richmond, where doctors removed his wounded leg. So while asylum officials may have accurately diagnosed Martha Bird's insanity as related to her husband's loss of limb, months of uncertainty and worry about his fate before, during, and after battle also likely contributed to her declining mental health.[123]

In addition to withstanding the deaths of loved ones, Confederate women faced the hazards of living in a war zone. By 1864, material deprivation and physical destruction pervaded much of the occupied South, with collateral damage by embattled armies destroying countless dwellings, structures, and fields. Marauders stole livestock and personal property. Confederate agents impressed food, animals, and wagons. And as the Union war aims shifted from limited to total warfare, the private property and dwellings of Confederate civilians became targeted in a concerted effort to break the will of the

populace and diminish their capacity to wage war.[124] In short, terrorizing Southern civilians in an attempt to effect their submission became Union military policy. To a people teetering on survival and barely staving off starvation, the mounting property loss and dread of an approaching enemy broke the spirits of many Confederate women, as was the intention of the Union strategy, and contributed to the mental anguish of many Southern civilians.[125] Thirty-four-year-old mother-of-four Hannah Way of Georgia was driven to insanity due to loss of property, according to asylum records; she was institutionalized shortly after Lee's surrender. Though not suicidal, she was prone to violent acts, such as burning her own clothing and bedding. The property loss blamed for Way's mental anguish referred either to the family's financial losses incurred by the war or the physical losses of dwellings, possessions, or slaves. Census records offer a snapshot of her family's economic deterioration between 1860 and 1870, confirming significant financial loss. In 1860, the combined real and property wealth of Henry Way, a miller, stood at nearly $7,000, including the value of nine slaves; by 1870, it stood at $1,000, and Way had become a farmer and was no longer a miller. Although the loss of slave property accounts for some of their wealth loss, property loss may have also occurred at the hands of invading Union lines. In 1860, the Ways domiciled in South Newport, Georgia, but by war's end, the family had moved to Riceboro in a neighboring county. By the 1870 census, they had returned to McIntosh County, but to Jonesville. The relocations hint that their losses, or at least some, were linked to General William T. Sherman's push through Georgia, when, presumably, Hannah Way, mother of four young children, the youngest only a year old, weathered the invasion alone.[126] Sherman's incursion into Georgia was cited as the source of Winnie Gladden's psychological instability, too. Caregivers pointed to "troubles connected with invasion of the country by the federals [and the] destruction of her house by them" as the cause of Gladden's institutionalization.[127]

Living in a war zone meant that many Confederate women faced the possibility of invasion from the enemy, often without male protectors, which constituted a major source of anxiety and worry for civilians. Although much has been made of the defiant "secesh" woman courageously sparring with invading federal soldiers, not all Confederate women possessed the fortitude (or foolhardiness) to curse Union soldiers, wishing them "as far in Hell as a pigeon could fly," as did one Louisiana woman.[128] While such anecdotes served political purposes and made for a good yarn long after the Yankees had departed, anticipation of an invading army and the rumors spawned by spotty communication made for high anxiety in Southern communities. With little or no male protection to fall back on, Confederate women could only weather the frequent rumors about approaching Union lines and nervously

await the enemy invasion. Women whom antebellum Southern society had deemed by nature defenseless (thus needing male protection) were now called upon to stand guard and protect family, home, and treasures.[129]

For some women the anxiety generated by invading forces, in addition to other war-related stressors, broke their resolve.[130] A few, like Eliza Busey, attempted suicide as a consequence. The mother of eight ingested "sulphate of copper," resulting in her being declared a "lunatic" and institutionalized. Asylum officials blamed Busey's decline on the "sudden death" of her husband as well as "loss of property and distress and excitement incident to Sherman's army and Wilson's raid in passing through her neighborhood." Busey's onset of insanity not only coincided with her husband's death and General Sherman's march through Georgia in late 1864 but occurred less than a year after the birth of a child. Sherman's approach represented a kind of final blow to Busey's tenuous emotional state, which required her as a new widow to stare down an advancing enemy army on her own. Later, in the spring of 1865, Busey's neighborhood sustained an additional attack, often referred to as "Wilson's Raid," during which Busey suffered undisclosed property loss, further adding to her despair.[131]

The psychological collapse of twenty-one-year-old Lucinda Ozburn also correlated to military events in Northern Georgia in the waning months of the war. Asylum officials attributed Ozburn's hospitalization to Sherman's arrival in August 1864. Patient records document a significant change in personality and temperament, though no history of self-injury. The unmarried Ozburn, "usually quiet," had become angry, using harsh and vulgar language even though formerly she had been "very modest and chaste in her language."[132] The burning of Columbia and the "sacking" of the city by Sherman's army aggravated underlying physiological and emotional problems that twenty-five-year-old Emily Johnson had been experiencing well before the war. After the house where her family had been staying burned and, by one account, Johnson "barely escaped death from fire," Johnson was admitted to the Milledgeville asylum when her preexisting symptoms—convulsions and a violent streak—worsened.[133]

Southerners braced for federal invasion, often fearing the worst in the face of uncertainty, rumors, and misinformation. Shocked Atlantans faced expulsion in the wake of Sherman's decision to evacuate the city's population after its capture. Those in the path of the advancing Union army, from Georgia through the Carolinas, struggled with whether to flee or stay put. Rumors of barbarity and rapaciousness trickled into neighborhoods, heightening excitement and consternation.[134] South Carolinian Grace Brown Elmore nervously contemplated the arrival of the Yankees in the fall of 1864 and recorded those apprehensions in her diary. Who knows, she fretted, "at what hour this

peaceful town may be spread in ruins, and another instance of barbarous spite added to the long list of outrages committed by the Yankees?" Elmore's articulation of her fears about invasion gives voice to the white women who showed up at the doorsteps of Southern asylums fearful of or having endured the swath of federal invaders. "There is much dispondency [*sic*] felt." The "horrors of a Yankee raid" weighed heavily on Elmore and other white women. In particular, she feared for her own safety in the enemy's hands and shuddered at the prospects of living as a subject under Yankee rule. Elmore flirted with suicide as a means to escape the emotional trauma of war. "God grant me death sooner than a life amongst the abominations [of] the Yankee nation."[135] Elmore did not take her life, but she contemplated the possibility as an escape from Yankee clutches, a fate apparently worse than death.

Woman's status, grounded in coverture and patriarchy, was inextricably tethered to that of her husband, the death of whom threatened the social and economic standing of a wife. So for emotional and material reasons, Confederate women faced personal crises and loss of status when husbands passed away. Under ordinary circumstances, widows and young mothers, the most vulnerable white women in the South, would turn to community and kin for much-needed support. War, however, obliterated traditional support networks, leaving many abandoned or widowed women alone and isolated. Unaccustomed to and unfamiliar with the requirements for self-reliance and independence, many white women faltered emotionally, and some of those became susceptible to suicidal thoughts and behavior. Overly reliant on their menfolk before the war, Southern white women found themselves adrift emotionally and ill-equipped to care adequately for family. In many cases, these women suffered from mental illnesses, primarily depression and anxiety, which further impeded their ability to function as the new heads of household in a war zone and provide for the survival of their families.

The human costs of widespread psychological distress among Southern white women cannot be overestimated and enveloped more than the women themselves. In cases where husbands were killed or disabled, the incapacity of some women—whether because of debilitation, institutionalization, or death by their own hands—jeopardized the reconstitution of white families after the war. In some cases, young children, fatherless, were now deprived of their mothers through severe psychiatric injury or death and thus became effectively orphaned.[136] When soldiers returned home after the war, the presence of mentally ill wives increased the likelihood of even greater distress and dysfunction as Confederates sought to rebuild their lives. The psycho-

logical crisis that struck the wartime South thus had profound and long-lasting implications for the integrity of the family as well as the state in the postwar era.

While no study of the Northern homefront exists, it is entirely likely that women of the North, too, suffered psychologically as a result of wartime experiences: they lost husbands in battle and to disease; they worried about the welfare of male kin; they struggled to manage their wartime households as single parents. Southern white women, though, faced these challenges and then some. Because a higher percentage of Southern men served in the military and died, a higher percentage of women would have been adversely affected by their absence or deaths than in the North.[137] And whereas Northern widows had a larger pool of marriageable men from which to draw if they chose to remarry, Southern white women had limited choices. Northern kin and friend networks were not nearly as taxed as those in the South, so Northern women suffering ill effects of the war would have had greater access to support. Since the war was fought largely in the South, Southern women bore the brunt of battles waged in their neighborhoods; sacrificed more goods, crops, and livestock for the support of the war; and lost much to destruction, theft, and seizure from invading troops. Northern women did not experience invasion from the enemy, with two notable exceptions, which spared them the anxiety and uncertainty of living in the path or under the occupation of the enemy. Finally, Confederate women had to come to terms with losing the war, and all that that entailed, including the loss of slaves as both property and labor. Southern white women were not unique in suffering devastating psychological consequences of war and in contemplating or acting on death wishes, but because they were exposed to worse conditions than Northern women, their emotional suffering was considerably greater.

While the evidence is admittedly impressionistic, far fewer Confederate women than soldiers seem to have killed themselves during the war, although there is evidence of considerably more suicidal ideation and activity among women than men. This finding is consonant with historical and contemporary studies on gender patterns and suicide. Men kill(ed) themselves at higher rates than women, but women *attempt*(*ed*) suicide at much higher rates than men. Victor Bailey, for example, in his study of Victorian England found a ratio of two female attempts for every male attempt.[138] Gender differences can also be seen in the apparent triggers for suicidal behavior. For Confederate women, both underlying and direct triggers differed from those of soldiers. Women's suffering, resulting in extreme cases in institutionalization and

suicidal behavior or thoughts, related to childbearing and child-rearing, to the role of mother and wife, while men's suffering was more directly tied to martial experiences and masculine sensibilities.

More difficult to discern are attitudes toward Confederate women who killed themselves. Because far fewer women than men were reported to have taken their own lives, there are fewer sources from which to glean reaction. Newspapers almost never editorialized in the reporting of women's suicidal deaths, though most speculated about underlying causes. News reports conveyed biographical tidbits, but refrained from commentary about female suicides. Only one news account of a wartime female suicide, that of Louisa Wilson, editorialized, and the sentiments were highly sympathetic. The report, with the headline "A Sad Occurrence," lamented, "Troubles falling so suddenly upon one so tender at heart." The victim was eulogized as a loving wife, affectionate mother, and devoted Christian—an "example of piety" who lived a virtuous life.[139]

Public reaction to soldier suicides tended to be much more demonstrably supportive and sympathetic than it was to female suicides, with some being treated as heroic deaths. One explanation may be the military context in which soldier suicides occurred. Soldiers and officers who killed themselves on duty triggered formal public rituals of honor—escorting a dead soldier, performing military honors at the burial site—that may have been more newsworthy than if a wife, or any civilian, committed suicide. More speculatively, there may have been an unconscious impulse to defend the honor of soldiers who died by their own hands. Given the potent cultural notions of honor, duty, and masculinity embedded in Southern society, news editors, identifying with their subjects, may have felt compelled to posthumously rescue suicide victims from the cloud of cowardice. Under the antebellum code, men, especially those at war, who killed themselves, invited doubts about their courage and manhood. The stakes were higher for men whose self-murders instinctively led to questions about their manly natures, raising the specter that they were not men at all. Women's suicides, by contrast, were not linked to honor or duty, but viewed as extreme manifestations of their gender's emotional and physical nature. That women on the homefront fell apart surprised no one. Their weakened and fragile constitutional natures mandated dependence and reliance on men. With men gone from the home, and women under the stresses of wartime, female's delicate natures were stretched beyond their ability to persevere in the face of extraordinary adversity. Self-inflicted death by guardians of the home constituted one of many sacrifices demanded by the cause.

The war plunged Southern white women into uncharted territory and unrelenting hardship, and the patriarchal structure and ideology, in which all had been steeped, deprived them of adequate means to maneuver those choppy waters. Drowning in a sea of suffering, death represented an escape from untold despair and a bleak, uncertain future. Death by choice was a way to cope, a way to end the pain and anguish many were unprepared to handle. Ella Gertrude Clanton Thomas, like most Confederate women, did not commit suicide in an effort to escape her wartime suffering and anxiety. But she dreamed about dying and the peace that would come through death: "I feel as if I was drifting on, on, ever onward to be at last dashed against some rock and I shut my eyes and almost wish it was over. . . . I am tired, oh so tired of this war. I want to breathe free."[140]

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PART II

African American Southerners in Slavery and Freedom

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Chapter 3

De Lan' of Sweet Dreams

Suffering and Suicide among the Enslaved

> There are incomparably fewer cases of insanity and suicide among them than among the whites. The fact is, that among the slaves of the African race, these things are almost wholly unknown. However frequently suicide may have been among those brought from Africa, I can say that in my time, I cannot remember to have known or heard of a single instance of deliberate self-destruction, and but one of suicide at all. As to insanity, I have seen but one permanent case of it, and that twenty years ago.
>
> —James Henry Hammond, 1845

Outspoken pro-slavery politician James Henry Hammond claimed in 1845 that he could not recall "a single instance of deliberate self-destruction" among the enslaved. Suicide and insanity were "almost wholly unknown" among the "slaves of the African race." Hammond's insistence that suicide was rare among slaves reflects a pervasive claim among whites in the antebellum South.[1] Like Hammond, most antebellum white Southerners were hard-pressed to recall an act of self-destruction by a slave, a conviction rooted in both racist notions and paternalism. In denying the existence of suicide among the enslaved, Hammond bolstered the paternalist narrative that masters well cared for their contented bondsmen and bondswomen, who therefore had little reason to take their own lives. Pro-slavery apostle George Fitzhugh likewise claimed that among slaves "none commit suicide." "It is a fact, that all Southern slaves are happy—none are melancholy, none tired of, or dissatisfied with life."[2] Being well fed, clothed, and housed, the enslaved had no worries in life.

For Hammond, Fitzhugh, and other white Southerners who refused to entertain the possibility that the enslaved killed themselves, slave suicide represented a measure of slave suffering. To acknowledge incidents of slave suicide would be tantamount to conceding that the enslaved suffered physically and/or emotionally, thus unmasking the fiction of paternalism. Central to pro-slavery ideology was the delusion of contented, carefree bonded workers. Some adherents went so far as to contrast the paucity of slave suicides with the frequency of self-destruction among British workers, a swipe at industrial capitalism as well as a defense of the slave system. In a letter to the

editor of the *New York Daily News* published in *The Liberator*, an anonymous author asserted that "there are no slaves in Virginia that commit suicide from poverty and want, but there are thousands that do in England."[3] Slaves, unlike British workers, were well cared for and so had no reason to seek an end to their lives. Even a British citizen trapped in the South during the war parroted what she had heard spouted by Southern whites: slaves were not "prone to commit suicide, not being disposed to melancholy."[4]

White Southerners' denials of slave suicide also served to blunt abolitionist charges that conditions of slavery were so miserable that slaves committed suicide regularly to escape lives of bondage. Deprived of freedom and denied humanity, abolitionists claimed, slaves resorted to suicide as an escape from a wretched, hopeless situation. Sentimental rhetoric and prolific images of slave suicide formulated a powerful, visceral attack on the immorality of the institution that aimed to jolt Americans out of their apathy toward slavery.[5] As historian Terri L. Snyder has noted, "The image of slave suicide became a potent political shorthand for the wrongs of slavery."[6] One defensive pro-slavery tract written shortly after the war acknowledged this line of attack by abolition activists: "We have read a great deal of the cruelty inflicted upon the slaves of the South. This, it is alleged, has driven multitudes of male slaves into insanity and suicide."[7] Disavowal of slave suicide sought to neutralize anti-slavery narratives about desperate and miserable slaves who killed themselves because of unbearable conditions.

Racialized ideas about slaves' nature also informed beliefs about the rarity of slave suicide. Many whites believed that blacks, cowards by nature, lacked the fortitude to commit self-murder. A South Carolina planter stubbornly resisted the possibility that one of his slaves had drowned herself intentionally, even when presented with persuasive circumstantial evidence. Juley, an enslaved woman whom he had hired out to a neighbor, disappeared, allegedly after being overworked and abused by an overseer. Pompey, another slave, explained that Juley had approached him the night before her disappearance, baby in arms, upset about her treatment by Sam the overseer. Juley had reached her breaking point, "all a-faint and a-tired, and har pore heart clean broke, and she say dat she'm jess ready ter drop down and die." Pompey consoled her, but to no avail. She warned him that she "warn't afeard ter die no more." When Juley went missing the next day, a hound enlisted to track her lost the scent at the creek. A Northern friend on the scene astutely surmised the obvious: Juley had drowned herself and her baby. "Oh, no!" her master countered. "I think not. I never heard of a negro committing suicide—they've not the courage to do it."[8] A Union soldier from Kentucky shared the same assumption as Juley's master about blacks' incapacity for courage. He denounced Lincoln's call to enlist African Americans, whom he called "cow-

ards by nature," citing as "evidence" low suicide rates among slaves. "There is not a race of men in the world who cling to life with the same tenacity as the negro, as the few suicides committed by them prove."[9]

White Southerners also linked low or rare incidence of suicide among the enslaved to their alleged intellectual and constitutional inferiority, which presumably rendered them impervious to suicidal impulses and its ostensible cause, insanity. Insanity was believed to be the disease of civilization, and because Africans and their descendants were a "primitive" people, the enslaved proved immune to madness. They lived simply and lacked all the material trappings, tensions, and complexities of modern society that taxed white ("civilized") individuals psychologically, physically, and emotionally.[10] The slave system ostensibily spared bondsmen and bondswomen onerous tasks like securing work, providing for one's family, and obtaining care when sick, all of which masters provided. The enslaved, in this imagined view, escaped the worries and anxieties that plagued free white people. Medical experts bolstered popular racialized conceptions of the etiology of mental illness by concurring that the condition of slavery sheltered bondsmen and bondswomen from the debilitating effects of a disordered and chaotic society.[11] "They are removed from much of the mental excitement, to which the free population of the union is necessarily exposed in the daily routine of life," explained Dr. John M. Galt II, superintendent of the Eastern Lunatic Asylum in Williamsburg, Virginia, from 1841 to 1862, and this included religious and political overstimulation and agitation. Galt also confirmed that the enslaved lacked the capacity to become melancholy, largely because they did not possess property.[12] By contrast, the pursuit, maintenance, and loss of property preoccupied "free citizens," stoking feelings of anxiety and depression. The outlook for whites, surrounded by their possessions, may at times seem "dark and gloomy," as they inevitably fretted over losing their property or the pursuit of material comforts. The unfree, however, unencumbered by belongings, saw a future with "no cloud on its horizon."[13] The superintendent of the insane asylum at Jackson, Louisiana, concurred: "It is exceedingly seldom that our slaves ever become insane." Louisiana's 1850 census recorded just one slave in 5,500 as insane compared to one in 1,800 white men.[14] The Southern slave "cares not for the morrow," knowing that the staples in life will be given to him.[15] The constraints of slavery also inoculated the enslaved against the wanton vices that freedom would unleash, namely promiscuity and alcoholism, which predisposed anyone, white or black, to mental illness.[16]

By denying that acts of slave suicide occurred, Southern whites repudiated the notion of suffering among the enslaved, disallowing a basis for their melancholy, despair, and insanity, the presumed cause of suicide. As a visitor to the wartime South reported, "Insanity is scarcely ever known among negroes,

whose constitution and temperament are not such as to render them susceptible of mental derangement."[17] Suicide remained a white phenomenon, as evidenced by a Virginia newspaper account in 1861, which cited a coroner's report on the ten-year history of suicide in the county. There had been twelve deaths by suicide, all of them white. The report went on to explain why: "[The] situation of the negroes has been such that none of that corroding care or bitter anguish that wrecks first reason, and then life has been the lot of that contented portion of the community."[18] Suicide was reserved for those with more complicated, higher intellectual capacities, who held a greater material stake in society, and for those who shouldered more responsibilities in life. Whites, not blacks, encountered more life pressures and so were exposed to greater suffering. In this way, suicide in the antebellum South functioned as a marker of racial identity and white superiority: whites killed themselves, the enslaved did not. Suffering was an attribute of whiteness, not enslavement.[19]

Of course, the enslaved did suffer and, on occasion, kill themselves despite white claims to the contrary. The insidious consequence of contending the enslaved were incapable of self-murder was that it erased the suffering endured by men and women in bondage that propelled many toward self-murder and, in doing so, withheld the full measure of slaves' humanity. Documenting incidents of slave suicide, therefore, constitutes one step toward reclaiming the full array of experiences, moods, and feelings of the enslaved, while taking seriously the psychological effect of the multitudinous conditions of slavery on the enslaved. That process of revisiting the conditions of slavery that contributed to suicidal thought and actions among the enslaved begins with an examination of individual cases of slave suicide.

Sources are even scarcer and more fragmentary for suicide by the enslaved than by Southern whites, making understanding the nature of their suffering and the context of self-murder even more complicated. Few Southern states and cities required the collection and reporting of vital statistics until the twentieth century, stymying any effort to quantify deaths by suicide for blacks or whites.[20] Even in locales where nineteenth-century official efforts to collect mortality data were in place, clerks or those reporting to clerks, like doctors and relatives, may have identified the mode of death, for example, gunshot wound or overdose, but failed to indicate whether that death was self-inflicted. Consequently, the number of officially reported suicidal deaths among blacks and whites is vastly underreported. A second reason suicide among the enslaved is less well documented is because widespread illiteracy among bondspeople yielded fewer written records. Whites occasionally drafted

letters when they committed suicide, but since most slaves were illiterate, they left behind fewer records that might have included clues as to motives or intent in cases of self-inflicted deaths. Additionally, African American suicides made news less frequently than white suicides, at least as reflected in their coverage in major white antebellum newspapers. To take just one example, the *Richmond Daily Dispatch* published ninety-six stories from November 1860 through December 1865, some brief, some substantial, on suicidal behavior (attempted, completed, or possible suicides) that occurred mostly locally, but occasionally nationally or internationally. Of these accounts, only five, or about 5 percent, pertain to African Americans as identified by race or status.[21] Less coverage of black suicides might indicate that there were fewer to cover. Another possible explanation is that newspapers, assuming their white readership had little interest in non-white suicides, failed to report incidents of self-murder among the enslaved.

Slave owners also had incentives to conceal acts of slave self-destruction, further contributing to an undercounting of suicides among the enslaved population. If slave owners had convinced themselves that their slaves lacked the capacity for self-murder because they were well taken care of, then word of a slave suicide would call into question the very premise of the paternalistic ethos that undergirded racialized notions of suicide: a slave suicide might be traced to poor or inadequate mastery. Former slave Charles Ball explained that a "certain degree of disgrace falls upon the master whose slave has committed suicide." Owners of enslaved men and women who killed themselves, claimed Ball, hid the deed in order to avoid scrutiny and accusations of cruelty.[22] Suicide of one's slave might implicate a master who poorly cared for his slave or mistreated him or her so badly that death was preferable to living, proving abolitionists right after all. Southern whites also would have been motivated to hide slave suicides for fear other slaves might mimic the deed. Alternatively, the enslaved themselves may have suppressed news of a fellow slave's self-murder, possibly for spiritual or religious reasons, or maybe to deflect scrutiny, or to avoid implication of involvement. Critical limitations of sources, perhaps many intentionally concealed, thus impede a fulsome understanding of slave suicide and certainly render any quantitative analysis impossible.

Despite the virtual invisibility of black suicide in the antebellum Southern press and the near universal denial by white Southerners that slaves killed themselves, suicides among the antebellum enslaved population did occur. In fact, in stark contrast to the nineteenth-century South, slave suicide in the early Atlantic world not only was acknowledged, but it was considered a problem in some quarters. More surprising still, considering later racialized conceptualizations about slave contentedness, whites in the eighteenth-century

Atlantic world openly identified melancholy and despair as the root cause of slave self-destruction. Whites in early America recognized what later generations of white slaveholders would not: that the enslaved suffered and sometimes chose to end that suffering through self-inflicted death.

Slavers and others involved in the trans-Atlantic slave trade remarked regularly about incidents of slave suicide, especially during the Middle Passage and upon arrival in North American or Caribbean ports. Relying on anecdotal evidence, historians of Atlantic world slavery generally agree that slave suicide occurred regularly, with one scholar even claiming that slave suicide occurred with "distressing frequency."[23] While reliable figures for African suicides in British colonial America remain elusive, shards of evidence from outside America suggest that a high number of African slaves took their own lives. Slave suicides in Cuba, for example, spiked so high that a commission convened to investigate reports that between 1839 and 1845, 1,337 slaves had committed suicide, a virtual suicide epidemic.[24] One mid-century calculation estimated that as many as 20 percent of all Africans died by their own hands in their first year in Cuba.[25] Eighteenth-century logs maintained by captains of slaving ships substantiate significant numbers of African slaves dying by their own hands. One account of slave cargo conveyed in the short period from 1792 to 1796 reveals that just over 7 percent of Africans on board killed themselves en route to their destinations. In fact, attempts by African captives to throw themselves overboard became so common that crews installed nets on ship decks to thwart self-destruction.[26] Crews on slave ships also at times resorted to force-feeding Africans who refused to eat in attempts to starve themselves to death.[27]

Few extant sources divulge the motivations for suicide by kidnapped Africans, but historians have identified several factors they believe explain the regular occurrence of suicide among the newly arrived slaves. Frightened Africans, ripped from their homes, families, and familiar surroundings, understandably were terrified at their uncertain fates and unfamiliar environs. The horrific conditions—cramped quarters, illness, malnourishment or starvation, limited mobility—on board slave ships taxed the psychological well-being of Africans, leaving many despondent. Fear of cannibalism spread among Africans, prompting some to opt for death at their own hands rather than face an imagined tortured death by cannibals.[28] The collective suicide attempt of about one hundred African slaves on the island of St. Christopher in 1737 was attributed to a local slave who cruelly joked with the new arrivals that their eyes would be plucked out and eaten by their white masters.[29] Many Africans suffered from nostalgia and a longing to return to familiar places and family, which propelled slaves into a state of melancholy and diminished their will to live. Thus many newly enslaved arrivals from Africa died passively,

refusing food, for example, while others took more extreme and immediate measures to insure their deaths and end their suffering.[30]

Scholars of African slavery have identified a spiritual belief among some Africans that also may have contributed to incidents of slave suicide in the early Americas. "Transmigration" is a term used by scholars to explain the belief held by some Africans that upon death they would return to their homeland, thus inducing enslaved Africans to hasten their "return" home by taking their own lives.[31] Variations of transmigration appear in Works Progress Administration (WPA) interviews conducted in the 1930s in coastal Southern communities in which slave descendants conveyed stories about slaves who could "fly" back to Africa with the aid of magic. One well-known account of "flying" Africans—slaves who turned themselves into birds and flew back to Africa after being beaten by an overseer—was likely a collective suicide of imported African slaves, largely Igbo, who revolted in 1803 en route to St. Simons Island and caused the ship to run aground, after which they drowned themselves.[32] Charles Ball wrote about this belief held by enslaved Africans: "They are universally of opinion, and this opinion is founded in their religion, that after death they shall return to their own country, and rejoin their former companions and friends, in some happy region, in which they will be provided with plenty of food, and beautiful women, from the lovely daughters of their own native land."[33]

Attitudes toward suicide varied among Africans but were shaped by cultural, religious, societal, and personal considerations. Europeans in the world of Atlantic slavery perceived a link between ethnicity and an inclination toward melancholy temperaments that put some Africans at greater risk for self-murder. Contemporary observers believed the Ibos, Angolas, Igbo, and Minas, among others, were prone to suicide.[34] Africans lacked the cultural and religious inhibitions about suicide that pervaded the western Christian (and Muslim) worlds, so shame, or concern that the act of self-murder jeopardized one's place in the afterlife, did not act as a deterrent to suicide as it did among Christians.[35] In some West African cultures, suicide marked an honorable end to one's life.[36] The Lucumí and Carabalí were known to have killed themselves following punishments as a point of honor. Even if Africans brought taboos against suicide with them across the Atlantic, the experiences of dislocation, fear, suffering, loss, and separation conspired to convince even reluctant Africans of the propriety of suicide as an escape from the inhumanity of bondage. One exceptionally detailed account of an African suicide in the early South hints at the misery endured by an enslaved African that caused him to take his own life. Charles Ball had gone to the local swamps in search of turtles, when he was startled by bell sounds, the source of which turned out to be an iron contraption attached to the head of a badly

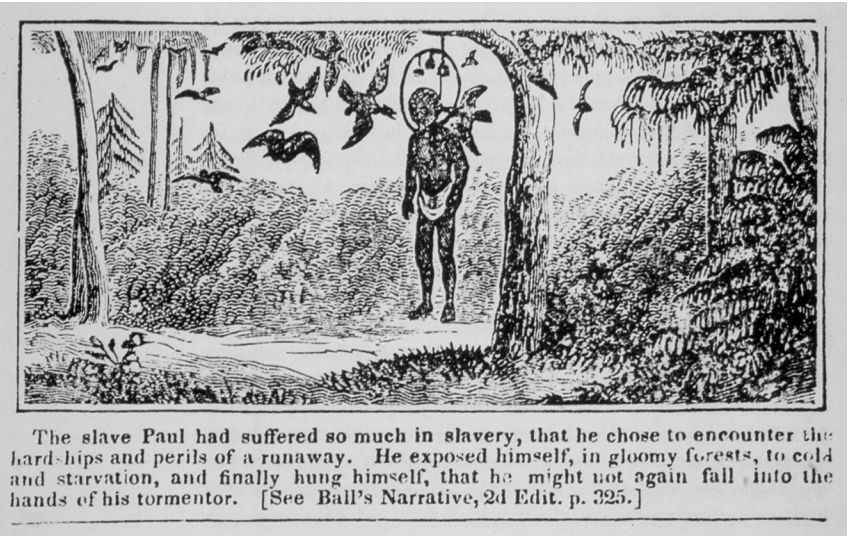

The slave Paul had suffered so much in slavery, that he chose to encounter the hard-hips and perils of a runaway. He exposed himself, in gloomy forests, to cold and starvation, and finally hung himself, that he might not again fall into the hands of his tormentor. [See Ball's Narrative, 2d Edit. p. 325.]

Figure 4 Charles Ball found the corpse of African slave Paul, who hanged himself. Source: Nathaniel Southard, ed., *The American Anti-Slavery Almanac for 1838* (Boston, 1838). Courtesy of the Huntington Library, San Marino, California.

disheveled naked black man, Paul, who disclosed that he had been enslaved for five years. He had been separated from his Congolese family—an elderly mother, a wife, and four children. His master was a drunk with a severe temper, a noxious combination that resulted in severe beatings. He had run away many times, for which he now had to wear the iron collar, a device intended to make it easier to find him should he escape again, which, of course, he had. Sympathetic, Ball promised to return at a later day to remove his iron collar. However, when Ball revisited the spot in the woods some days later he encountered a stench and noisy swarms of buzzards and crows flying about. Proceeding a bit farther, Ball discovered on the limb of a large sassafras tree the "lifeless and putrid" body of Paul suspended by a cord made of hickory bark. (See figure 4.)

One would be hard pressed to identify a single factor that triggered Paul's suicide. Many Africans took their own lives en route to and shortly after arriving in the Americas, largely due to fear, displacement, and separation from family. Paul had shared information about his family with Ball, suggesting he missed them terribly. But he also endured harsh and degrading treatment by his owner; Paul's master disliked him and beat him until he fainted. Suicide would have ended the physical and emotional suffering to which he was subjected. Having escaped several times, he spent weeks and months exposed to the elements, hungry, and alone. He had been betrayed by a woman who

had befriended him, presumably one of the few connections he had been able to make. No wonder, then, that he told Ball that his life was now "insupportable." Physical and mental suffering, a longing for home and family, no hope for a better life, loss of liberty, fear of punishment: not one of these alone can be identified as the "cause" of his suicide. Rather, the multifaceted circumstances of slavery and Paul's particular experiences combined to deprive Paul of the will to live.[37]

While suicide among African and first-generation American slaves appears to have been common, subsequent generations of the enslaved, as they grew more distant from their African roots and created families among creolized slave communities, may have turned to voluntary death less frequently. As they forged communities and grew families, African Americans developed meaningful relationships that provided the enslaved with critical support systems that greatly aided individual efforts to weather the arduous life of enslavement. Of course, it is impossible to determine the frequency with which the enslaved committed suicide. But to say that slaves never committed suicide, as quite a few antebellum white Southerners did, was erroneous. How common exactly we cannot know, but testimony by the enslaved and formerly enslaved suggests that slave suicide in America occurred regularly. Abolitionist and former slave Frederick Douglass thought so. In a letter published in the *North Star* in September 1850, he implored his enslaved friends to live on, even under desperate, trying circumstances. "Do not abandon yourselves, as have many thousands of American slaves, to the crime of suicide."[38] Charles Ball, who contemplated killing himself when he was sold away from his Maryland family and taken to South Carolina, also believed suicide among the enslaved population was common. He explained, "Self-destruction is much more frequent among the slaves in the cotton region than is generally supposed."[39] Prominent black abolitionist William Wells Brown, when addressing an anti-slavery gathering in London in 1850, likewise observed: "Life without liberty was of no value in the estimation of the slave, as was continually proved by the suicides occurring among them."[40]

Whites outside the slave South, notably anti-slavery activists, also became convinced that suicide among the enslaved population had grown common. Abolitionists throughout the Atlantic world in the late eighteenth and early nineteenth centuries publicized numerous cases of slave suicide to showcase both the horrors of slavery and the humanity of the enslaved. Literary and print representations of self-destruction of the enslaved proliferated on both sides of the Atlantic as anti-slavery reformers sought to frame the institution of slavery as a "moral problem demanding acknowledgement and action."[41] In 1859, for example, the anti-slavery play *The Octoroon*, written by Irish playwright Dion Boucicault, premiered in the Winter Garden Theatre in New

York City, and it featured the suicide of an enslaved girl who sought to avoid the lecherous intentions of her new owner.[42] (See figure 5.) Abolitionists also published numerous stories about slave suicide, challenging slaveholders' tall tale about the rare slave suicide. Philadelphia physician Jesse Torrey, for instance, exposed the 1815 suicide attempt of the enslaved woman, Anna, held by slave traders in Washington, D.C., on their way to Georgia. Tormented by separation from her family, the woman threw herself out of a third-story window of a brick tavern on F Street, breaking her back and both arms, but lived.[43] (See figure 6.) Decades later, the formerly enslaved William Craft recounted the valorous suicide of a slave girl named Antoinette who threw herself out of a window to escape the lecherous clutches of a drunken slave trader.[44] Earlier in the century, New York abolitionist Alvan Stewart criticized the domestic slave trade in America for ripping the bondsman away from "the love and sympathy of his relations" to be sold. Separation from families, he continued, explained why hundreds "committ suicide every year," and "rush into the next world, being stripped of everything in this by which life might be sustained."[45] Tragic stories of sexual violation and separation from family that drove slaves to kill themselves struck just the right chords of Victorian sensibilities, which abolition activists hoped would resonate with middle-class white America and spur them into action.

By publicizing incidents of slave suicide, abolitionists hoped to expose the horrors of bondage in an effort to provoke outrage and win adherents to their cause. Anti-slavery activists cast slave suicide as a logical, rational response of desperate men and women to unspeakable suffering: separation from loved ones, overwork, hopelessness, sexual exploitation, loss of freedom, torture, and corporal punishment. Slaves took their own lives, abolitionists lectured, because death brought peace and an end to that misery that was human bondage. The centerpiece of this campaign was exposing the multitudinous ways in which the enslaved suffered and the extreme lengths to which many slaves would go to end that suffering: their own self-destruction.

Most historians have interpreted the meaning of slave suicide very differently than abolitionists, depicting it as a noble act of rebellion or resistance, a defiant challenge to a master's authority. Like self-mutilation, Kenneth M. Stampp wrote, the act of self-destruction was an "extreme" example of slave resistance.[46] Ira Berlin argued that the expansion of the plantation system intensified the level of exploitation by masters, which in turn engendered a higher level of slave resistance, including suicide.[47] More recently, Michael A. Gomez speculated that the Igbo who died at their own hands upon arrival in the Americas might have engaged in the "ultimate form of resistance."[48] David Silkenat, in a more nuanced stance, acknowledges that the forces driving the enslaved to commit suicide were complex and encompassed both con-

THE OCTOROON.

A PLAY, IN FOUR ACTS.

BY DION BOUCICAULT, ESQ.

Dramatis Personæ. [See page 6.

First Performed at the Winter Garden Theatre, New York, December, 1859.

GEORGE PEYTON (Mrs. Peyton's Nephew, educated in Europe, and just returned home) Mr. A. H. Davenport.

JACOB M'CLOSKY (formerly Overseer of Terrebonne, but now Owner of one half of the Estate) Mr. T. B. Johnston.

SALEM SCUDDER (a Yankee from Massachusetts, now Overseer of Terrebonne, great on improvements and inventions, once a Photographic Operator, and been a little of everything generally) ... ... Mr. J. Jefferson.

PETE (an "Ole Uncle," once the late Judge's body servant, but now "too ole to work, sa.") Mr. G. Jamieson.

SUNNYSIDE (a Planter, Neighbour, and Old Friend of the Peytons) ... ... Mr. G. Holland.

LAFOUCHE (a Rich Planter) ... ... Mr. Stoddart.

PAUL (a Yellow Boy, a favourite of the late Judge's, and so allowed to do much as he likes) Miss Burke.

No. 391. Dicks' Standard Play.

Figure 5 The anti-slavery melodrama *The Octoroon*, written by Dion Boucicault, opened in New York City in 1859. Zoe, the octoroon slave, commits suicide rather than submit to the sexual advances of her new master. Courtesy of Special Collections, Binghamton University Libraries, Binghamton University, State University of New York.

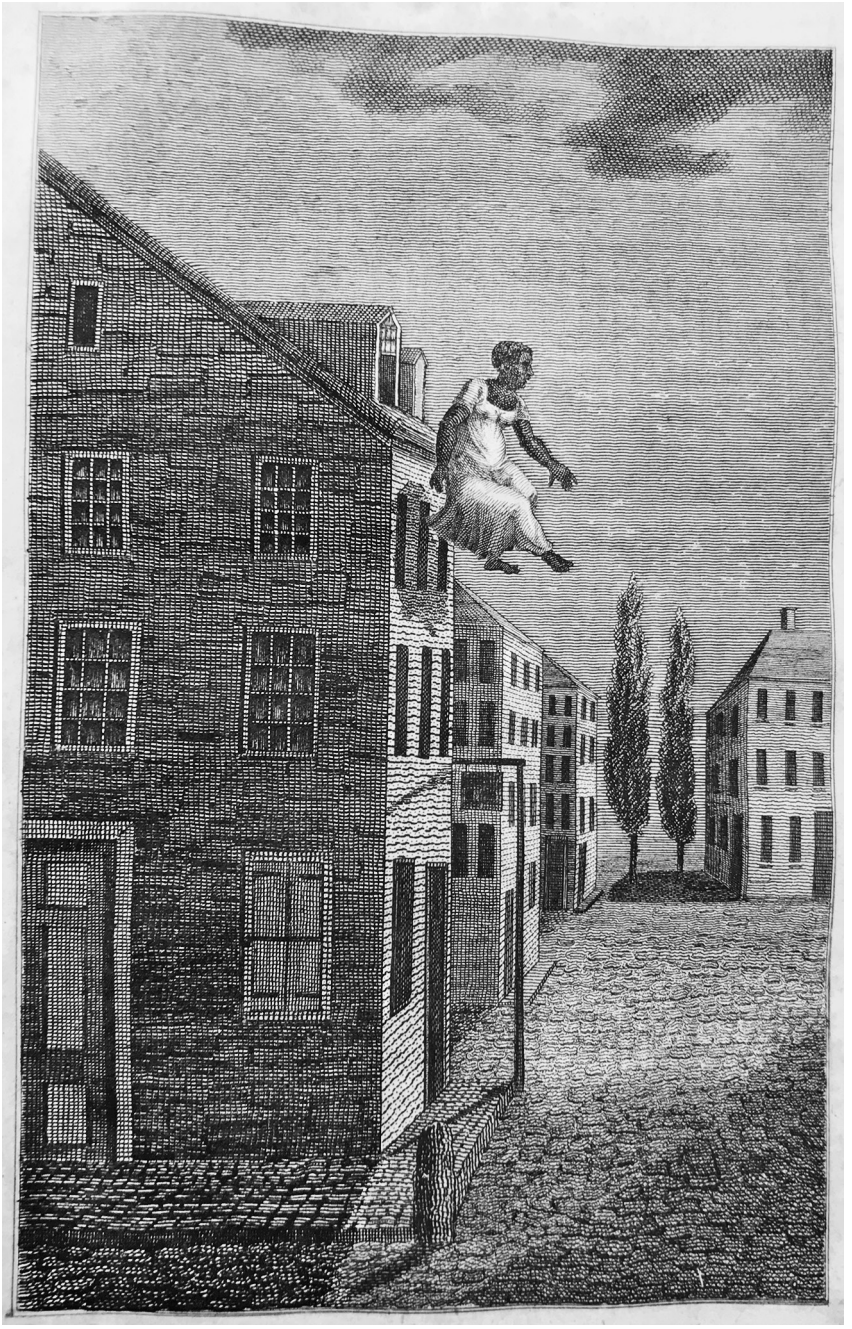


Figure 6 Representation of a slave mother's nonlethal suicide attempt in Washington, D.C., prompted by her pending sale and separation from her family. Jesse Torrey, *A Portraiture of Domestic Slavery, in the United States* (Philadelphia: Published by the author; printed by John Bioren, 1817). Courtesy of the Huntington Library, San Marino, California.

scious and unconscious motivations, obfuscating the motivations behind slave suicides. However, he, too, concludes that slave suicide "functioned as an extreme form of resistance."[49] The consensus among historians on the issue of motives for slave suicides falls down heavily on the side of the ideological. Self-murder by slaves constituted a political act challenging the authority of the slaveholder while depriving him of valuable labor and wealth, the ultimate act of revenge.[50]

A view of slave suicide as *prima facie* evidence for resistance rests on the notion that slaves possessed agency, that is, they acted of their own volition, even within the strictures of bondage. Slaves could never be controlled completely and absolutely by their masters, as shown by mundane, everyday acts of resistance, like breaking farm implements and feigning illness; by insisting on a coterie of customary "rights," like growing a garden; by shaping the terms and conditions of labor through manipulation and negotiation; and by developing institutions, like family and religion, that the enslaved valued and that were sources of happiness and fulfillment and provided them with self-worth. Central to the resistance model of slavery is the primacy of the master-slave relationship, the tension that existed between slave and master, and a struggle for control over labor and living conditions.[51] It is within this analytical framework of resistance that most historians have situated acts of self-destruction by enslaved peoples: an enslaved man or woman who chose voluntary death expressed free will while also subverting the wishes of his or her owner; through death, a slave deprived his or her master of labor and financial value, striking a blow against slavery.

This interpretive approach to slave suicide, however, is both flawed and unsatisfying, as it risks ignoring or discounting slaves' suffering as a motive for suicide. Historical works that reflexively attribute slave suicide to resistance conflate the *result* of a slave suicide on a master—loss of property, wealth, and labor—with the *intent* of a slave suicide. Put another way, because a slave's death at his or her own hand harmed the master materially, historians assume that must have been the *aim* of the suicide. Because motives for slave suicides have proved especially elusive, this conflation, based on assumption, has filled the evidentiary void and handily explains why the enslaved killed themselves. A reliance on the heroic resistance model to explain slave suicide, however, overlooks or discounts the context in which suicidal slaves lived and worked and that likely contributed to their decisions to die by their own hands. To paraphrase Walter Johnson in this instance, what do historians miss when they talk about resistance and slave suicide?[52] They miss the complexities and the details of slaves' lives that would better enable us to understand the context of slave suicide. The overreach of the resistance model flattens and demeans the experiences of the

enslaved who contemplated suicide, reducing motive to one-dimensional, ideological causation, as if the reasons an enslaved person committed suicide were self-evident merely by his or her status.[53] Importantly, interpreting self-murder among the enslaved as an act of resistance against the institution of slavery implicitly negates compassion for black suffering and fails to recognize the full humanity of slaves and the depths of their suffering.

An alternative approach to discerning the meaning of suicide among the enslaved population requires a return to prewar abolitionist tracts for an analytical template that privileges the suffering responsible for slaves' decisions to end their lives and that offers a more reliable assessment of the conditions in which slave suicides occurred. Anti-slavery activists crafted tragic narratives about individual slave suicides that humanized the enslaved to a white audience and in which slave suicides were attributed to *circumstances* as well as their condition (even though the circumstances often related to slavery): dislocation and separation from family and loved ones, sexual assault, ill-treatment at the hands of overseers and masters, and threat of recapture. This neo-abolitionist approach to understanding slave suicide does not deny that suicide constituted slave agency. Nor does it deny that the enslaved might have taken gratification in denying masters their labor when they did kill themselves. It does acknowledge that self-murder constituted a rational, reasonable alternative to living under trying circumstances with little or no hope for worldly relief. Though to be clear, abolitionist accounts, too, risk oversimplifying motives for slave suicides. Nonetheless, a neo-abolitionist approach to slave suicide takes seriously the specific details that observers, black and white, assigned to a slave's suicide, which provide a much-needed individualized context that permits a fuller understanding of the meaning of self-murder in the slave community while acknowledging the suffering of the enslaved.[54] Through this lens, slaves who committed suicide are treated less as tragic cogs in the inhumane institution of bondage or as heroic martyrs than as individuals whose personal suffering rendered voluntary death a plausible response. In order to understand the meaning of slave suicide it is imperative to set aside one-dimensional generalizations that in and of themselves tell us little new about slave suicide and opt for an analytical lens that looks at *individual* acts of slave suicide and considers the *individual* pressures and suffering that shaped decisions and strategies about self-destruction. As historian Terri L. Snyder warns, assuming that enslaved people took their own lives "only or even primarily as an act of resistance" risks erasing the "physical pain and suffering as well as the emotional and psychical wounds of slavery."[55]

The enslaved left no records explaining reasons for their suicides. But witnesses—neighbors, visitors, other slaves, and masters—often weighed in

on what they believed caused a particular slave to end his or her life though those explanations must be viewed with caution and discernment. The limitations of WPA interviews of former slaves in the 1930s, for example, are well known.[56] White Southerners, masters especially, had reason to shape their understanding of slave suicides in accordance with their paternalistic worldview and self-interest. Abolitionists might embellish an incident of slave suicide to induce greater sympathy among readers. Despite legitimate concerns about source bias and memory, a plethora of slave suicide accounts across multiple source types reveals similar patterns regarding which factors, both precipitating and immediate, induced slaves to take their own lives. Quite a few of these are ascribed to very specific acts or events, most of them related to conditions of slavery—coerced labor, separation of family members, forced sale and relocation, sexual exploitation, severe punishments, lack of basic freedoms—but they can hardly be seen as acts as rebellion. Slaves also committed suicide at times for reasons that were unrelated to slavery and that differed little from those driving whites to end their own lives. Based on what we know from testimony about slaves who contemplated or effected suicide, it seems likely they gave little thought, if at all, to the impact of their deaths on their masters. Instead, suicide brought an immediate end to emotional or physical pain.

Without question, the most common reason attached to slave suicide was an attempt to avoid punishment and physical pain.[57] Slaves accused of committing criminal acts regularly fled, fearful of punishment. Rather than return to face punishment, possibly death or torture, quite a few took their own lives. One source of eighteenth-century slave suicides is a set of slaveholder petitions that sought financial compensation from the Virginia House of Burgesses for "outlawed" slaves who had died. Twenty-six of these petitions identify slave outlaws' cause of death as self-inflicted. An additional fifteen escaped slaves were found dead, usually "in the woods," and the cause of death was either indeterminant or unrecorded, some of whom might have killed themselves. Eight slaves drowned while evading their captors, though the intentions of the runaways is not known. One was suspected of being a suicide, though certainly more drownings could have been deliberate. Of the twenty-six slave outlaws whose deaths were attributed to suicide, an overwhelming majority, twenty, were male (four were women, two were not identified by sex). The slave outlaws identified in these legislative petitions stood accused of serious offences including murder, attempted murder, assault, arson, and robbery, all capital offenses for slaves, and so if convicted, they would have been condemned to death. The 1742 case of Sacco is typical. The petitioner,

Sacco's owner, claimed the slave murdered his overseer, ran away to avoid punishment, and then hanged himself. Like Sacco, Henry Wythe's slave absconded to avert punishment. He fled after allegedly poisoning his overseer, then drowned himself in order "to prevent his being taken." Amos drowned himself, too, after breaking free of his overseer, who questioned him about a theft in 1742. One enslaved woman, Judy, in 1775 murdered her own child, then set fire to her dwelling. Judy attempted to "escape punishment" by rushing into the burning quarters and killing herself. She lived for a short time, but died before her trial.[58] In all these cases, slaves anticipated their likely fates and chose to kill themselves rather than return to face execution at the gallows or some other form of gruesome corporal punishment.

Slaves believed to be guilty of heinous crimes, especially against whites, had good reason to worry that their punishments might include torture and a protracted death and so likely opted to kill themselves rather than face vengeful whites. Ex-slave Jacob Green recounted the suicidal drowning of an enslaved female, Mary, whose enslaved lover, Dan, had thrust a pitchfork into their master's adult son, whom Dan encountered in the barn attempting to rape Mary. The master's son died, Dan absconded, and Mary was left to explain what had happened. The family doubted Mary's story, believing her to have been part of a conspiracy to murder the young man. Mary fled, her absence discovered only when a cart arrived at the house carrying Mary's corpse, which had been fished out of the Chesapeake Bay. Mary's presumed decision to end her life reflected recognition that she would not have been able to establish her innocence and avoid execution and possible torture. Mary also would have been anguished by the assault, perhaps by the guilt that her lover's fate was doomed because of his lethal intervention, and by the assurance that her relationship with her beloved Dan was similarly doomed, whether or not she was exonerated. Mary's decision to kill herself, while demonstrating considerable agency, was hardly intended to strike a blow at her master or institutional slavery. Rather, by depriving authorities, legal or extralegal, of their ability to carry out a death sentence, Mary alone determined the terms of her death. She chose wisely. Two months later, Dan, who had killed his lover's assailant, was tracked down and burned alive in full view of a crowd of over three thousand onlookers.[59]

When enslaved people committed serious offenses or, as in the case of Mary above, were believed to have committed them, especially against whites, they well knew their fate and frequently ended their own lives rather than await the torturer-executioner. For example, the slave Sam, jailed in November 1863 for poisoning with intent to kill a white person, sought to circumvent the judicial process and tried to kill himself by cutting his throat. He lived, though, and eventually escaped. The advertisement offering a re-

ward for his capture informed readers that he could be identified by the wound on his throat, which had not yet healed from his suicide attempt.[60] Another Georgia slave choked himself to death while awaiting trial in 1860.[61]

Enslaved men and women sometimes took their own lives in anticipation of punishment for far more mundane infractions than heinous criminal acts. Elizabeth Keckley, the former slave who became the dressmaker and confidante of Mary Todd Lincoln, recalled how her mother's brother had lost a pair of plough lines twice. Rather than face his master after losing the second pair and receive a promised whipping, he hanged himself. Keckley's mother discovered her brother's corpse hanging from a willow tree when she made her morning trip to the spring to retrieve water.[62] Harriet Jacobs recalled having witnessed two men chasing a slave woman, who sought refuge in the nearby river, where she drowned. The woman, a wet nurse to her mistress's children, had fled the threat of punishment by her mistress for "some trifling offence."[63] Historian Thavolia Glymph's characterization of the plantation household and slave mastery as a "culture of terror" is instructive here. Masters and mistresses fostered an environment in which "terror was created and sustained."[64] Extreme acts of brutality, often in response to seemingly trivial slave infractions, could easily prompt a slave "overreaction" in the guise of suicide.

On other occasions, the enslaved resorted to self-murder to escape horrific torture and abuse. The sense of sheer fear is palpable in the testimony relayed by one enslaved woman who attempted to kill herself by arson. On April 10, 1834, she deliberately set fire to the kitchen of the LaLaurie residence in New Orleans. When the police and fire marshals arrived, they found the seventy-year-old cook chained to the stove by her ankle. She confessed that she had set the fire as a suicide attempt, fearing she would be taken to the room above the kitchen, which functioned as a kind of torture chamber for the mistress of the household, Madame Marie Delphine LaLaurie. "Anyone who had been taken there," the news account paraphrased, "never came back." When firefighters broke into the room they found perhaps a dozen enslaved men and women, some in chains, others wearing spiked iron collars. The newspaper account described seven slaves "suspended by the neck with thin limbs stretched torn from one extremity to the other." The arsonist's willingness to die a gruesome death by fire rather than face the sadistic cruelty of her mistress is testimony to self-destruction as a tool by the enslaved to end physical and mental torment.[65]

Killing oneself in anticipation of or following corporal punishment may seem a disproportionate response by distressed slaves. When one considers, however, that triggers for slave suicide, some of them seemingly mundane, likely represented the culmination of a long-term pattern of severe beatings

or physical abuse, suicide may be viewed as a reasonable choice.[66] Charles Manigault of South Carolina lost a slave, twenty-year-old London, to suicide when, as he was being brought to the driver for punishment, he escaped, jumped into the river, and drowned. Manigault's overseer, William Capers, blamed London's suicide on repeated ill-treatment at the hands of the black driver, George.[67] T. W. Cotton's Aunt Adeline hanged herself on a black jack tree to avoid "getting a whooping," leaving a small boy to be raised by Cotton's mother. As Cotton recounted, Aunt Adeline took a rope, tied it to a limb and then to her neck, and jumped. Her toes barely touched the ground.[68] A Florida slave had run away after attacking his master, well aware that punishment awaited him upon his return. A week later, betrayed by a slave, he emerged from his hiding place expecting a "well merited-chastisement" and so instead threw himself into a well.[69]

Ill-treatment by masters or overseers was regularly cited as an explanation for slave suicides. Henry Clay's shoemaker slave, Tom, was said to have committed suicide in 1844 after having received an especially severe flogging from the overseer. Blacks familiar with the Clay plantation challenged white testimony that Clay was an indulgent master, insisting that his slaves were overworked, poorly fed, and beaten regularly.[70] Moses Grandy, a North Carolina slave, recounted how his young brother had been sold to a new owner who had a reputation for ill-treating slave boys. One day, according to Grandy, his brother's master sent him out "naked and hungry" to find some cattle. When he returned without them, his master flogged him and then sent him out again. Unable to locate the cattle, the slave boy "piled up a heap of leaves, and laid himself down in them, and died there," implying he killed himself rather than face the ill-tempered owner.[71] An enslaved Maryland woman attempted suicide more than once, first by jumping out of the window of a building in Baltimore in which she had been confined by her master and then, after breaking free, running down Camden Street and jumping off the wharf. She begged her rescuers to allow her to drown, crying that she would "sooner be dead than go back again to be beaten as she had been."[72]

Self-inflicted death offered the enslaved a reprieve from habitual physical abuse and ended cycles of protracted violence. While voluntarily exiting a life of mistreatment rather than submitting to further abuse can reasonably be interpreted as an act of resistance, the goal in these cases was to put an end to the abuse, not overturn the slave system. For example, a Kentucky slave "girl" drowned herself after being punished for some offense, defiant that her master would never slap her again, implying a pattern of abuse.[73] Another suicidal drowning by a slave was unmasked in a court case when a Louisiana slave owner alleged his overseer, through "improper and cruel treatment," had triggered the suicidal drowning of a female slave.[74] When enslaved men

and women such as these killed themselves in reaction to or in anticipation of severe or sustained punishment, the final act precipitating their self-destruction represented a breaking point in a long history of physical torment. Death by one's hand permanently ended the threat of future abuse and brought immediate relief and end to physical suffering.

Overwork, another form of physical abuse, left some among the enslaved exasperated enough to kill themselves. Juley's voluntary death, with that of her child, came after being hired out to a neighbor, who allegedly overworked and abused her. At her breaking point, Juley confided to another slave that she was ready to die. She absconded and was tracked to a creek. Witnesses concluded that she had drowned herself rather than continue to live with daily abuse.[75] Juley's act of self-destruction spared her, as well as her infant, a life of continued exploitation.

Slave patrols in some areas instilled great fear among the enslaved, instigating some to take their own lives rather than succumb to patrol punishment. Occasionally, a slave resorted to self-murder to elude punishment from patrollers. One Alabama slave girl, Lucy, had earned a reputation for running off to dances, while successfully evading slave patrollers. One day they tracked her down, and rather than submit to their beatings, Lucy ran to the slough and drowned herself. Slave patrols were known to be especially brutal in their exercise of vigilante policing, which probably explains the extreme reaction by some enslaved people. As ex-slave Ida Blackshear Hutchinson explained, "Patrollers sure would get you and beat you up." By taking her own life, Lucy deprived the slave patrollers of the satisfaction of beating her and allowing them to make her an example to the other slaves.[76] Fear of slave patrollers apparently caused a Virginia slave to drown himself as well. Having heard merely that slave patrols were nearby, James took off and drowned himself in a tributary of the Staunton River.[77] *The Liberator* relayed the account of a murder-suicide in which an Alabama slave killed a member of the patrol that was pursuing him and lacerated another member before rushing into the home of his master and attempting to kill him with an axe. There a patroller shot him through the arm. The wounded slave staggered off, then cut his own throat.[78] "Poor A'nt Nellie," recalled former slave Fannie Berry, had been on the receiving end of a whipping by "pattyrollers" and, facing another brutal beating, vowed it would be her last. "I'm gwine to God." According to Berry, Nellie threw herself down a hill and killed herself. Buzzards, she reported, carried Nellie's head off and picked out her eyes.[79] Choosing self-murder over a thrashing by a slave patrol ended the threat of physical punishment, as well as the anxiety and fear of living in terror.

One of the most common causes attributed to slave suicide was capture or threat of capture after running away. Runaway slaves who attempted to

take their own lives rather than return to a life of slavery appear regularly in slave narratives and newspaper accounts. Austin Steward, a Virginia-born slave who relocated to New York State with his master, told of an escaped slave who had been captured near Albany and was in the custody of his white captors, all of whom had embarked on a boat to begin their voyage southward. Steward described a forty-year-old black man, dejected and in despair, sorrowful and silent, "his breast heaving with inaudible sighs." As time passed, the enslaved man's demeanor mysteriously shifted from misery to contentedness. Steward soon discovered the reason. Seeing an escape of sorts, the slave had secured a knife, with which he cut his throat. Steward, enslaved himself, though horrified at the bloody spectacle, well understood the impetus for self-murder. The dead slave had escaped from a "cruel taskmaster" in Maryland but had been "overtaken by a human blood-hound" and stood to be returned to his "avaricious and tyrannical master" and a life of slavery. The runaway chose death rather than return to enslavement.[80] (See figure 7.) William Henry Towns, a former slave, recounted for WPA interviewers how a slave who had been brought to Alabama from Georgia escaped soon after his arrival. Two accomplices were captured, but he opted to jump in a creek and drown himself rather than be taken.[81] One runaway slave who had secured free papers and had been working as a boat steward in New Orleans was discovered on board the ship *Selma* by his master, who tried to seize him. After a struggle, the slave jumped in the water and drowned himself.[82] Still another slave stowaway was detected on a mail boat that arrived in Cincinnati in 1850. As he was being conveyed across the river to Kentucky, the slave declared that he would sooner die than be returned to his master. With that, he jumped overboard and drowned.[83]

For runaway slaves, suicide represented a sensible decision: death offered an alternative to a life of bondage. Fugitive slave Moses Roper faced that very choice. He escaped from a cruel master in the 1830s, making a hazardous trek from western Florida to Savannah, where he secured passage on a ship to Rhode Island. His vessel was towed by a steamboat and located about thirty miles off the coast of Savannah, far enough to permit Roper to believe his escape was nearly a *fait accompli*. A dubious captain, at the last minute, though, suspected Roper of being a slave and sent him back to Savannah on the steamboat. During his return, Roper's mind "was in a sad state," and he contemplated throwing himself into the river. Hopes of freedom cruelly dashed, death seemed more preferable than returning to slavery.[84] Henry Bibb weighed life and death after a failed escape much like Roper had. The thought of returning to "a land of torture" as a "wretched victim for Slavery without limit; to be sold like an ox, into hopeless bondage, and to be worked under the flesh devouring lash during life, without wages" filled him with

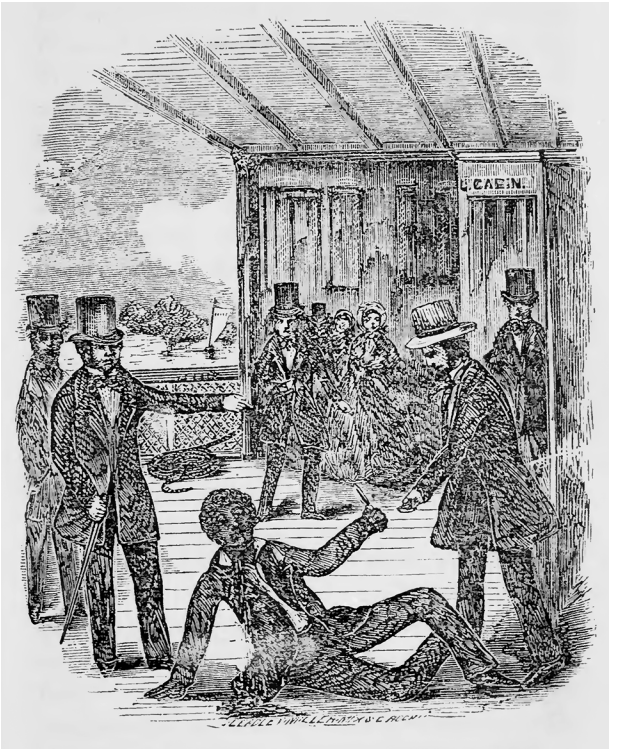


Figure 7 Escaped slaves sometimes chose to end their lives rather than return to enslavement, as depicted in this scene from Austin Steward's *Twenty-Two Years a Slave, and Forty Years a Freeman* (1857). Courtesy of Special Collections, Milne Library, Genesee Valley Historical Collections, State University of New York at Geneseo.

dread, tempting him to "leap from the deck, down into the water" and to make his final escape from both life and enslavement.[85]

The enslaved who had tasted freedom appear to have been most susceptible to thoughts of suicide. Lewis Charlton, a slave, recalled the fate of three slave runaways after they had fled their Maryland planation for a few months, then returned. The master, a Mr. Bris, whipped them severely, after which he sent them to be whipped again by the overseer, who, when finished, sent them off to yet another overseer, who refused to whip them any further. Fearing yet another whipping from their master, the three again attempted escape. Bris chased them down on horseback and captured one. The other two, however, so desperate not to return to a life of slavery, ran into a "red hot furnace," ending their lives.[86] George had no reason to flee from bondage because his Georgia master had promised to emancipate him upon his death. Heirs broke the will, however, and sold George back into slavery after a short-lived period of freedom. George was placed on a steamboat and sent down the Ocmulgee River to his new owners. One morning the crew awoke to find George and the boat's grindstone missing. A thorough search of the river soon uncovered both: George was found submerged with the grindstone tied to

his neck.[87] A similar fate befell thirty-five-year-old Sampson Richardson, a Louisiana slave, who had saved $1,200 for self-purchase. He had delivered the funds to an unnamed source for safekeeping, but the person reported that he lost the money. The loss, it was believed, prompted Richardson to go insane and cut his throat.[88]

The Civil War emboldened even more bondsmen to effect their escapes by taking advantage of undermanned plantations and farms and advancing Union lines. Believing freedom won, their unexpected captures triggered suicidal impulses that were sometimes completed with lethal consequences. In the fall of 1862, Charleston police closed in on Charles, a runaway slave who had been on the lam for two years, a lengthy period during which he had eluded authorities and lived as a free man. As police attempted to arrest him, he cut his throat rather than return to life as a slave.[89] A coroner's inquest in South Carolina determined that Sam Shaw, a slave belonging to Joseph Hanks, died by his own hand. He had run away for four days early in the war and was found in a stable, the victim of a self-hanging.[90] A Virginia slave who had been impressed to work on the Confederate battery works in Richmond absconded in 1864 but was quickly captured. Wounded in the process, Royall landed at a hospital on Cary Street. Undeterred, Royall escaped from the hospital, ran to a nearby dock, and drowned himself while being pursued.[91] The significant number of enslaved runaways, like Royall and Charles, who chose death over life in bondage is powerful testimony to the brutal conditions under which they lived and worked and compels us to ponder the unimaginable physical pain and emotional suffering slaves endured on a daily basis. With few options, and facing re-enslavement, self-destruction made more sense to these runaway slaves than life.

Fragmentary and sparse evidence hinders attempts to analyze slave suicide through the lens of gender.[92] It has proved more difficult to discern gendered patterns in enslaved suicidal activity than among Southern whites. For example, as we have just seen, runaways facing return to slavery sometimes killed themselves. Enslaved men, more so than women, engaged in runaway behavior. Slave men had greater freedom of mobility than women did and therefore had more opportunities to travel away from plantations and farms, making them more familiar with local geography that aided escape attempts.[93] Small children, pregnancy, greater restraints by masters, and stronger ties to slave communities all conspired to impede escape for most slave women.[94] Because the act of running away was highly gendered, concluding that suicide among runaways was gendered male seems reasonable. (See figure 8.) Importantly, though, when female slaves did runaway, they, too, might con-

Figure 8 Enslaved women escaped less frequently than men, but when they did and were recaptured, they, too, sometimes opted for death over life in bondage, as in this fictional depiction of Clotel, who was captured after escaping and being sold back into bondage at a slave market in Washington, D.C. She fled a second time, pursued by slave catchers. Surrounded, she leaped to her watery death in the Potomac River rather than return to slavery. William Wells Brown, *Clotel; or, The President's Daughter: A Narrative of Slave Life in the United States* (London, 1853). Courtesy of Special Collections, Wilson Library, University of North Carolina.

template suicide as a means to avoid returning to conditions with which they no longer wished to cope. Historian Stephanie M. H. Camp, for example, documented the suicide of a young slave woman who ran away twice, but was recaptured both times. When her owner went to release her from the smokehouse in which he had confined her as punishment, he found she had hanged herself.[95] In 1837, a female slave runaway named Lucy was captured and detained in a jail in western North Carolina. Her master showed up at the jail, shortly after which Lucy hanged herself rather than waiting to be sent home with him. The circumstances strongly suggest that, faced between a choice of life as a slave and death, she chose death. Observers were astonished by the determination this woman exerted to kill herself, as the height from which she hanged herself was so low that her feet touched the floor. In order to kill

herself she had to have willfully pulled her legs up from the floor and resisted the impulse to save herself merely by placing her feet on the ground.[96]

In rare cases entire families fled together and, when caught, some parents attempted to kill themselves and their children. The most well-known example of suicidal behavior by an enslaved fugitive mother is the story of Margaret "Peggy" Garner, a twenty-two-year-old Kentucky woman with four children, who, with her husband, fled to Ohio in 1856. The account, inspiration for Toni Morrison's novel *Beloved*, received considerable coverage at the time in the pages of the *Liberator*. Pursued and located by slave trackers, Garner, about to be recaptured, grabbed a knife and nearly decapitated her two-year-old daughter. Before she could turn the knife on her other children and herself, her trackers subdued her. A lesser-known part of Garner's story occurred as she and her family were en route to the South and the steamboat on which they were traveling collided with another watercraft and began to sink. Thrown overboard, a nine-month-old baby belonging to Garner died, and Garner, it was reported, attempted to drown herself, though was unsuccessful.[97]

Another enslaved couple and their child fled South Carolina and in 1850 made it all the way to Albany, New York, where they secured passage to Rochester via the Erie Canal, from which they planned to cross into Canada. The crew of the boat, attempting to have some fun at the expense of the fugitives, informed the enslaved family that their master was on board and that they would be turned over to him. Desperate, the husband grabbed his razor, drew it across his throat, and then leaped into the canal. His wife, with her child in her arms, jumped in after him. Rescuers saved the couple, but the child drowned. A physician successfully dressed the slave's self-inflicted neck wound and he lived.[98] Alabama was the scene of another murder-suicide attempt when an enslaved woman tied two of her children onto her back and then jumped into a millpond, drowning herself and the children. Her husband, in irons and wearing a bell, an indication he had run away at one time, stood on the bank shouting as the drama unfolded. The news account reported that he was hanged for shouting, so presumably he was shouting encouragement to his wife.[99]

Historians long ago established the centrality of family among the enslaved. Families served as an important font of individual self-worth and emotional sustenance for the enslaved community, a reason to persevere in the face of demoralizing conditions. Strong bonds to blood as well as fictive kin not only provided slaves with a purpose and a sense of responsibility but also formed a buffer to the harsh realities of everyday life as a slave.[100] Commitment to spouse, children, parents, and other family members served as a powerful deterrent to slave suicide. Loved ones shared the burden of suffer-

ing, making horrific conditions palatable. Enslaved men and women persevered for the sake of each other and children. Being part of a family, especially having children, could be an invaluable affirmation of life's gifts even in the face of struggle and sorrow, thus blunting some of the most horrific aspects of bondage and perhaps staving off suicidal ideation and behavior.[101]

The downside of close family ties among the enslaved, however, was the devastating impact of forced separation. Given the importance of kin to the enslaved, separation from family members through sale could prove traumatic and trigger suicidal impulses.[102] Among the most painful experiences recalled in slave narratives were those involving separation from family members. Women disproportionately account for suicides attributed to the breakup of slave families.[103] One particularly heart-wrenching account of an attempted suicide by a female slave provided fodder for abolitionists in the North. The narrative originally appeared as an exposé in 1817 but recirculated in the 1830s among abolitionist publications. The story, recounted earlier in this chapter, traced the separation of a slave mother, Anna, from her husband and two children, to the desperate mother's attempt to kill herself by jumping from the third floor of a building in Washington, D.C.[104] (See figure 6.) Another account of a slave mother attempting suicide was relayed by a Presbyterian minister residing in Kentucky who witnessed a slave woman on a steamboat in Louisville twice attempt suicide by throwing herself into the Ohio River as she was about to be "carried off from all she counted dear on earth."[105]

Abolitionists exploited the maternal sensibilities shared by most white Americans when they publicized instances of enslaved mothers who turned to self-destruction out of abject grief or despair following forced separation from family members through sale. In 1817, Jesse Torrey, who reported the horrific story of Anna's attempted suicide in Washington, D.C., shared several other accounts of slave mothers who resorted to suicidal activity because they had been sold and separated from family. One slave mother slashed her throat after having been sold in Georgetown; she lived, but succeeded in killing herself in a second attempt. The *Baltimore Telegraph* related the story of a slave woman who had been sold in Maryland and who, like Margaret Garner, cut her child's throat and her own rather than submit to sale and separation. In a third instance, a Maryland cook who was sold to a new owner in Georgia greeted him with the sharp end of a carving knife the first time he entered the kitchen under her watch. After killing her new master, she seized the knife, slashed her arm, severing arteries, and bled to death.[106]

Abolitionists wielded a powerful sentimental trope—that of the enslaved mother who was separated from her children and turned to suicide in grief—in their campaign to abolish the domestic slave trade and institution of slavery

itself. By showcasing the unimaginable emotional suffering experienced by enslaved mothers separated by sale from their loved ones, abolitionists unmasked the most inhumane aspects of human bondage, the assault on family and, especially, the sacred institution of motherhood. (See figure 9.) The political agenda behind the circulation of tragic and sensationalized accounts of slave suicide, however, should not diminish the real suffering enslaved men and women experienced when sold and uprooted from familiar surroundings, friends, and kin. For example, one enslaved woman from Tennessee hanged herself when she was sold to a new master who intended to take her "from this part of the country."[107] William Wells Brown recounted how, when being transported with a large group of enslaved people down the Mississippi River, one woman who had been taken from her husband and children, "and having no desire to live without them, in the agony of her soul," jumped overboard, and drowned herself.[108] Former bondsman James Williams confessed that he had known some slaves to die of grief after being sold "and others to commit suicide, on account of it."[109] Harriet Jacobs witnessed a slave auction at which all seven of a mother's children were sold and stolen from her. In anguish, she cried a death wish: "Gone! All gone! Why don't God kill me?"[110]

The formerly enslaved William Grimes expounded on the devastating emotional impact of separating enslaved families: "There is nothing in slavery, perhaps, more painful, than the unavoidable separation of parents and children."[111] Enslaved men as well as women experienced profound emotional distress following separation from sale. Like women, they suffered emotionally from forced separation from their families and the ensuing dislocation. Occasionally, suicides of enslaved men were attributed to the breakup of their families, though less frequently than women. Abolitionist Henry Stanton recounted the story of an enslaved couple separated through sale in St. Louis. The husband begged for his wife, "whom he tenderly loved," to be sold with him. He pleaded, promising to be a dutiful, hardworking slave if only his wife could be sold along with him. But he also threatened that if the couple was separated, "I shall never be of any use to you." The hard-hearted new master ignored the slave's pleas, causing the distraught slave to pull out a knife and "cut his throat from ear to ear."[112] Around the same time, another Missouri slave hanged himself while in jail awaiting return to his new master after having run away. He, too, had refused to cooperate unless his wife accompanied him.[113]

Separation of enslaved couples could so devastate one of them that death seemed preferable to life without one's partner. A staunch Unionist living in Mississippi when the Civil War broke, recalled years later a conversation he had with a slave owner, who, frustrated with the propensity of one of his

Figure 9 Abolitionists exploited nineteenth-century sentimentality regarding motherhood when they publicized accounts of enslaved mothers who killed themselves when separated from their children or who took their own and their children's lives rather than return to slavery, especially when separated from loved ones. In this George Cruikshank illustration that appeared in a British edition of *Uncle Tom's Cabin*, an enslaved woman, enraged when her master sold her young son without her knowledge, grabbed the child and a knife, determined to keep him with her. Seeing no way out, however, she instead jumped into the river below, killing herself and her son. Harriet Beecher Stowe, *Uncle Tom's Cabin, or Life among the Lowly; With 27 Illustrations on Wood by George Cruikshank* (London, 1852). Courtesy of Special Collections, Binghamton University Libraries, Binghamton University, State University of New York.

slaves, LeRoy, to run away, bought him a wife to induce him to stay put. LeRoy became "mad," though, when his master soon sold her. "He acted as though he wanted to kill somebody for awhile," his master reported, "and then I feared he'd commit suicide by slow starvation. He has never been the same man since."[114] Similar evidence of devotion and love between a North Carolina enslaved woman and her husband was demonstrated when she threw herself into the Neuse River and drowned herself after he was sold and relocated to Mississippi, leaving behind at least one small child.[115] Choosing to die rather than live with the weight of grief from severed intimate family ties is one measure of the emotional toll slavery exacted from bonded men and women and testifies to the utterly devastating loss the enslaved faced when separated from loved ones. It also attests to the primacy of slave relationships as a driving force behind suicidal activity among the enslaved, undercutting, it would seem, the potency of the resistance model that presupposes the centrality of the slave-master relationship in driving the enslaved to self-murder.

An enslaved man or woman need not have been in an intimate relationship or attached to a family unit, however, in order to despair over separation from community—"home"—to the point of considering suicide. Moses Roper contemplated suicide at least twice in his life, the first time in 1834 after Roper, about age nineteen, had been sold or moved at least a dozen times. Bankruptcy forced one master to sell Roper, and he was bought by a new owner who had a reputation in West Florida for being cruel. "I was so exasperated that I cared not whether I lived or died." While traveling to his new home, Roper procured a bottle of whiskey, which he hoped would give him the courage to plunge himself into the river. An older slave, intuiting Roper's design, took the bottle away from him, thus foiling his plot of self-destruction.[116]

Removing slaves like Roper from their families and communities deprived them of the social support systems that studies have shown provide protection against suicidal behavior. The "social cohesion, shared values and mutual support" derived from enslaved families and communities acted as an antidote to the debasing conditions engendered by slavery. Severing enslaved men and women from their social networks of support through sale increased the likelihood of severe psychological distress and, at times, suicidal ideation.[117] Factors such as these likely drove the Tennessee slave Isham to overdose on laudanum after he was taken by his new owner to New Orleans to be sold at the slave market.[118] A fifty-year-old Louisiana slave attempted suicide by cutting his throat after his master threatened to sell him, too, but on account of misconduct. His master then sent him to the local jail, possibly to prevent another attempt, but the slave, determined to kill himself rather than be sold, threw himself from the second floor balcony and died.[119]

The suicidal efforts of these enslaved men over separation from loved ones and their slave communities suggest that self-destruction attributed to threat of severed slave relationships was not merely the purview of enslaved women. One area of suicidal behavior, however, that was highly gendered related to sexual lechery or abuse by enslavers or their surrogates. Sexually predatory behavior of white men could induce traumatic personal dilemmas for enslaved women, resulting in high levels of anxiety and worry. Consider the case of a "real pretty gal" from Georgia doggedly pursued by her overseer. Her mother, aware of the impure interest in her daughter, warned the girl "not to let any of 'em go with her." The overseer, however, stalked her relentlessly until she "almost went crazy." One day when she was working in the field, he approached her again. She flatly rejected his sexual overtures, saying she "warn't goin' with him." In response, he struck her with his cowhide whip, knocking her "plumb crazy." When she recovered, she made a break for a large lake, intending to drown herself and put an end to the overseer's licentious advances. Her fast-acting mother intercepted her, thwarting her suicidal intentions.[120] Shame about sexual behavior was reported as the reason a servant girl named Frances tried to kill herself in July 1861. The account in the Richmond newspaper led readers to believe the girl's brother had accused her of "immoral conduct." Frances had been hired out to Captain George H. Tompkins, probably a fifty-year-old bookkeeper who lived in Richmond's Second Ward with his wife and eight children. Was it Tompkins, or one of his two teenaged sons, who sexually molested the girl and, as slave family members sometimes did, held the victim herself responsible?[121] There is no way to know about the details of the alleged cause, which may have been illicit or coerced sex, except that it drove the young slave to try to kill herself. A "single" nineteen-year-old enslaved woman from Missouri who had become pregnant drowned herself because she believed she had brought dishonor to her family. There is no way to know, however, whether she had engaged in consensual or coerced sex.[122]

As Nell Irvin Painter and Darlene Clark Hine have argued, African American women experienced systematic rape in slavery and freedom, but for a variety of reasons, black women created a "veil of secrecy" around incidents of (white) rape.[123] Cases of slave rape thus elude the historian. More elusive still are those stories of female slaves who became suicidal following sexual assault or sustained sexual abuse over time. In addition to a slave's silence about white rape, responsible white parties also had a vested interest in concealing the role (white) sexual assault may have played in the self-murder of a slave female. Consequently, female suicides attributed to sexual assault are likely greatly undercounted. Sexual abuse as the trigger for a slave suicide, then, was not always made explicit. Reading between the lines, however, we

can sometimes deduce that sexual mistreatment drove some enslaved females to kill themselves, such as the case when a slave woman from New Orleans attempted to hang herself from an awning in 1861. A white sixteen-year-old girl who witnessed the act reported that rumors circulated about the cause, including "ill-treatment of her devilish master."[124]

A Southern memoirist inadvertently revealed a probable case of slave rape and its link to the suicidal efforts of two enslaved sisters, two of just a handful of Africans illicitly brought to Southern shores during the Civil War. According to the memoirs of Elizabeth Lyle Saxon, who spent much of the war in Mobile, the *Wanderer*, an illegal slaver anchored off the Florida coast, ferried nine Africans into the port city, including two sisters.[125] A steamer clerk kept one woman, while the other was put to work in the hotel owned by Saxon's family. Saxon described both women as beautiful and graceful. Nellie, the Saxon slave, enthralled Elizabeth with stories of her capture, the customs of her people, and her family. She bragged that her father was a respected warrior with an army that "moves at his back." He wore a sword and was a king. "We are a mighty warrior's daughters," she informed Elizabeth. By all accounts, Nellie and her sister were proud African women of high station who were mortified by their enslaved status. Within the year, Nellie became pregnant and gave birth. Both sisters, Saxon reported, were so disgraced that they attempted suicide. Nellie cut open her veins with a penknife; sister Clara threw herself from a second-story window. Both women failed in their attempts to end their lives.[126] Viewing the episode through the eyes of an elite, white woman of the Victorian South, Saxon inferred the cause of their attempted suicides to have been mortification and shame at Nellie's pregnancy and childbirth outside of marriage. Saxon acknowledged no other factors that may have contributed to their death wish: forceful removal from their families and homes, the degradation of being treated as property, engaging in menial labor, or a humiliating fall in status, any or all of which may have been contributing factors to their suicidal behavior. Notably, Saxon conveniently sidestepped the circumstances of Nellie's pregnancy, presumably the result of coerced sex that likely contributed to her wish to die as well.

Historians of slavery have observed rightly that we lack a full accounting of the psychological and emotional toll on enslaved women who were victims of sexual assault. Sexually vulnerable and virtually powerless to resist overtures, they also likely suffered tremendous shame, guilt, and possible ostracism, like that expressed by Harriet Jacobs, in addition to the indignity of assault, especially if these women were in committed relationships with enslaved men.[127] The formerly enslaved Lewis Hayden traced his own mother's psychological distress and attempts to kill herself to a sexual predator who purchased her from their master. Despite begging her mistress not to sell her,

the transaction was completed; however, Hayden's mother, who had "a high spirit," refused to live with the man as his concubine. In response, he beat her severely, which proved ineffectual, so he sent her off to prison. The stressful situation caused her hair to turn prematurely white, and she experienced "crazy turns," which encompassed attempts at self-destruction, once with a knife and once by hanging.[128]

There is evidence that enslaved women, like Southern white women, engaged in "death wishes," fantasies about dying in response to sexual abuse. Harriet Jacobs never broached suicide as a way to evade sexual overtures by her master, Dr. Flint, but admitted she regularly "prayed for death." After the birth of her daughter and in a weakened state, Dr. Flint unleashed a verbal tirade and shook her violently, necessitating medical intervention. Jacobs implored her friends to allow her to die rather than seek medical help.[129]

The most poignant illustration of the emotional impact of sustained sexual abuse on a slave woman is the story of Patsey in Solomon Northup's *Twelve Years a Slave* (1853). Northup described the transformation of Patsey from a "joyous creature, a laughing, light-hearted girl, rejoicing in the mere sense of existence" to a melancholic, depressed, broken woman who "fell into a mournful and desponding mood." Northup blamed her miserable condition on Edwin Epps and his wife, a "licentious master and a jealous mistress" who trapped Patsey in a hopeless situation: she could not avoid the "lustful eye" of her master, which put her in the lethal crosshairs of her envious mistress, who thought nothing of hurling a broken bottle at Patsey's head. Patsey's suffering culminated in an especially brutal whipping at the hands of Epps that Northup characterized as a flaying. From that time forward Patsey was a changed person. She became quiet, suffered from terror nightmares, and was depressed. Gone was her "buoyant and elastic step," the "mirthful sparkle in her eyes," and "bounding vigor." No wonder Patsey bribed Northup to kill her, then bury her in the swamp.[130]

Protracted suffering, like that experienced by Patsey and Harriet Jacobs, made death attractive to many enslaved women and lowered the threshold for suicidal ideation. A close reading of slave texts suggests that enslaved men and women became vulnerable to suicidal thoughts when they reached a saturation point after protracted periods of abuse and ill-treatment, a limit that is both highly individual and subjective. A seemingly routine or mundane incident might spur a slave to consider death as an escape, when in fact the tipping point came after years of accumulated indignations and emotional and physical pain. Consider the famous account of Frederick Douglass's decision to fight the dreaded slave-breaker, Covey. Douglass's master sent him off to live with Covey in hopes that Covey could "break" Douglass and make him a more tractable, compliant slave. True to his reputation, Covey administered

severe whippings weekly; worked Douglass and the others from morning to night, often well approaching midnight, and in bad weather; allowed only five-minute meal breaks; and created a constant state of anxiety among slaves by his sneaking around, trying to catch errant slaves. After one especially severe beating, Douglass escaped home to his owner, whom he begged for protection, which was not forthcoming. Instead, Douglass returned to Covey and to a sure beating. But as Covey began to tie up Douglass, something snapped in him and the young slave resisted. Douglass's resistance caught Covey off guard, and the two wrestled and fought for two hours, after which Covey retreated, never to lay a hand on Douglass again. Douglass admitted that his unexpected triumph was life-altering and well worth any cost, "even death itself."[131] Enslavers had to walk a fine line between administering punishments severe enough to insure compliance, but not harsh enough to make death seem preferable to life. As Douglass himself would later note as a free man, "Nothing was so dreadful to us, as slavery; and hence, it is almost literally true, that we dreaded nothing, which could befall us, in our attempt to get clear of it." Death, he well knew, might come as a "welcome release to men."[132]

Douglass's flirtation with death wishes, by his own admission, emanated from his experiences as an enslaved man. Most causes assigned to slave suicides related to the conditions of bondage. But enslaved men and women at times considered suicide or acted on suicidal impulses for reasons not distinctly or exclusively associated with slavery. Like white Southerners, African Americans suffered from an array of mental illnesses and brain trauma, which could have triggered suicidal activity in slaves.[133] Despite pervasive popular and medical views that the enslaved were less susceptible to "insanity" than whites, slaves did occasionally manifest symptoms suggestive of serious mental illness, which might be offered as a cause of a slave's suicide. In 1851, a South Carolina slave hanged himself, an act ascribed to a long-term derangement regarding religious matters.[134] The Edgefield County coroner in South Carolina deemed Nancy's drowning a suicide, in part because her owner remarked that she had "complained for the last few days" and in one case had "acted as if deranged."[135] Easter Bee willfully drowned herself in a canal in Lynchburg, Virginia, in January 1844. The coroner found that she had been "in a state of insanity."[136] The *Nashville Banner* reported in 1861 on a slave mother who, according to white and black sources, suffered from insanity related to "brain fever." The ailing woman murdered three of her children by cutting their throats, then tried to take her own life. No ages are provided for her children, so it is impossible to know whether the affliction might have been related to postpartum psychoses or puerperal fever, but either is a possibility. The woman was quoted as having said that "she could not help it."[137]

Identifying the cause of a slave's suicidal behavior is at best informed, reasoned speculation. Even when eyewitnesses commented on motives for slave suicides, there is no way to verify the credibility or veracity of those explanations. Slave suicides appear regularly in coroners' reports, but most contain no information on motive. When they do, the most common explanation for self-inflicted death is evasion of punishment or in reaction to corporal punishment. Allen, for instance, had said he would slash his own throat if he received a threatened whipping, to no avail. After his punishment, he ran off and then received another whipping. Allen then concocted a ruse about needing a gun to shoot some squirrels, which he then turned on himself.[138]

The majority of slave suicides, however, are recorded in official sources without comment regarding motive and contain precious little information other than the mode of death and the owner's name. For example, Green, a slave belonging to Samuel Garland of Lynchburg, Virginia, hanged himself in 1860.[139] A slave by the name of Mose, a preacher and the property of George French of Greenville, South Carolina, hanged himself in 1851 with a hempen cord.[140] Lewis, a South Carolina slave belonging to S. H. Rogers, hanged himself, it was believed, because of a "difficulty" with a Mr. W. Kemp.[141] Just a little over a year later another Edgefield County slave, Aron, hanged himself with a vine, though no cause was listed for the act.[142] In Georgia two "mulatto" women in their early twenties, one free, the other a slave, drowned themselves in July 1861. Nearby witnesses claim to have heard one of the women declare that she would drown herself.[143] Even though coroners' findings contain little information about motive, they nonetheless refute the claim of most white Southerners that suicide was unknown among the enslaved and eviscerates the fantasy that slaves were too cowardly or too content to contemplate suicide.

Just as elusive as motives for suicides of the enslaved are the attitudes toward suicide among the enslaved population. Little extant evidence reveals how slaves viewed acts of suicide by other slaves. The few brief references by former slaves suggest, as David Silkenat argues, that black and white Southerners before the Civil War understood suicide in fundamentally different ways. Whites in the antebellum South roundly condemned suicide and expressed contempt for those who took their own lives. Blacks, he argues, embraced a more tolerant attitude toward slaves who killed themselves, seeing the act as a form of resistance to the institution of slavery.[144] But the enslaved would have also understood suicide as a means to escape human suffering and so likely condoned self-destruction. Implicit in slaves' sanctioning of self-destruction among fellow slaves was an acknowledgment that dead slaves no longer suffered. Austin Steward recollected how a slave onboard a boat on the Hudson River cut his throat. Death was far preferable

than life as a slave, because it allowed the slave to "escape a life-long scene of unrequited toil and degradation."[145] William Henry Towns, in the telling of a slave's self-drowning to escape bondage, announced that George "went to de lan' of sweet dreams," hardly a rebuke of self-murder.[146] Death, even by one's own hand, brought an end to earthly suffering. Only by dying could George attain elusive freedom and an end to suffering. Revisiting Charles Ball's encounter with the African slave Paul who hanged himself, Ball engaged the distraught African in a conversation about suicide and the "propriety of destroying a life which was doomed to continual stress." After seeing Paul hanging in a tree, Ball proclaimed that Paul was "now beyond the reach of his master's tyranny."[147] In those few instances when slaves remarked about the cause of slave suicides, they emphasized compassion and understanding for a desire to bring an end to physical and psychic torture and abuse. Suicide, they emphasized, brought peace, not retribution.[148]

It is exceedingly difficult to divine the reasons individual slaves took their own lives or divine their attitudes toward self-inflicted death. Unlike literate whites who occasionally expressed their reasons for committing suicide in writing, slaves rarely did. In the absence of definitive evidence about what prompted slaves to end their lives, outsiders have attempted to offer explanations. Defensive white Southerners denied the enslaved committed suicide in an attempt to bolster claims that slaves were so well cared for, they would have no need to end their lives. In doing so, they implicitly acknowledged suicide to be a gauge of suffering. No slave suicide meant no slave suffering. The enslaved saw things differently. While we lack a critical mass of documentation on attitudes toward self-murder, considerable evidence is suggestive that many enslaved people expressed preference for death over a life filled with suffering. Abolitionists, attempting to motivate Americans to support antislavery measures, shared their stories of suffering as they sought to frame slave suicides as the ultimate tragedies of an immoral institution; unable to achieve freedom, the enslaved chose the path of death, the only option to remove them from a life of bondage and coerced labor. Ironically, both abolitionists and pro-slavery whites considered suicide to be a yardstick of human suffering, but differed on its occurrence among the enslaved.

Historians have also tried to explain the meaning self-destruction among the enslaved. Most have viewed slave suicide through the lens of resistance: on the macro level, the enslaved took their own lives in order to do harm to their masters' pocketbooks. Slave suicide, therefore, has been interpreted by scholars largely as "resistance with a vengeance."[149] Few, however, have considered individual acts of suicide in their immediate contexts: What action(s) immediately preceded the suicide? To what did observers, white and black, attribute the suicide? Importantly, in all cases of slave suicide the result was

an end to suffering. Death provided immediate relief to slaves: they no longer agonized over separation from loved ones; they ended the physical pain of whippings; they thwarted unwanted sexual advances. Self-murder was an escape from personal misery, emotional fatigue, and torment. That, not a swipe at the institution of slavery, was the immediate goal. Death by suicide was chiefly a means to escape pain, fatigue, hopelessness, and dishonor, not revenge. Slaves saw death by their own hands as a form of liberation from slavery, yes, but, more immediately, liberation from the torment and grief plaguing them that was often tied directly to slavery, but not always.[150] Modern clinical studies tell us that the most common diagnosis assigned to suicidal persons is depression; enslaved men and women by today's clinical standards would have been considered depressed. Recalling that two out of five slaves on a Texas plantation had drowned themselves in the same year, New York pastor Phineas Smith placed the blame squarely on the wretched life of being a slave: "The sufferings of the slave not unfrequently drive him to despair and suicide."[151]

Despite the severe limitations of sources, it is important to consider the meaning of suicide from the vantage of the individuals who took their own lives and to pay attention to the circumstances that propelled them to self-destruction. Quite a few antebellum Americans—white and black, slave and free, Northern and Southern—used suicide to gauge the level of suffering under which the enslaved lived. White Southerners denied the enslaved killed themselves precisely because they correlated suicide with personal suffering. To acknowledge acts of self-murder by the enslaved was to concede their misery. Abolitionists brazenly used suicide as a measurement of despair. And the enslaved themselves, through their actions and words, embraced voluntary death in response to emotional and physical anguish. Quite simply, suicide ended personal torment. It ended suffering.

Chapter 4

Somethin' Went Hard agin Her Mind

Suffering, Suicide, and Emancipation

> The negro mind does not dwell upon unpleasant subjects; he is irresponsible, unthinking, easily aroused to happiness, and his unhappiness is transitory, disappearing as a child's. . . . He is happy-go-lucky not philosophical. His peculiar mental attitude is not the result of a knowledge that his poverty, his social position, his unhealthy and cheerless surroundings cannot be bettered, therefore are to be borne cheerfully. . . . Depression is rarely encountered even under circumstances in which a white person would be overwhelmed by it. The expression of suicidal ideas is seldom heard, and suicide is an extremely rare occurrence in the negro race.
>
> —E. M. Green, clinical director, Georgia State Asylum, 1914

In early September 1869, Joe, a "negro man" living with Mrs. Polly Taylor, was found hanging "by the neck" in the stable, "quite dead." Joe had been a "faithful servant, the main stay of Mrs. T. and was generally cheerful," a Virginia newspaper reported. About four years earlier—a time roughly corresponding to the end of the war and the abolition of slavery, a coincidence that went unnoticed by the reporter—Joe experienced an attack of "religious melancholy." The recurrence of "that disease," it was supposed, accounted for his death by his own hands. "He is a great loss to the good old lady with whom he lived," concluded the report.[1]

Joe's death must have puzzled white observers and readers. White racialized thought before the Civil War, as outlined in the previous chapter, shaped by self-interest, disavowed notions of slave suffering and suicide. How then would Southern whites react to incidents of suicide among the emancipated? How did one make sense of Joe hanging himself? What was the meaning of Joe's suicide? How did the meaning of suicide change, if at all, with the end of slavery? The white explanation for Joe's suicide pointed to a vague "disease" called "religious melancholy," an obsession or "monomania" fixated on religious themes and linked to religious exertion. But the term had been rarely applied to anyone but whites. With emancipation, however, freedmen and freedwomen now indulged in politics and religion and outside the watchful eye of white supervision. For whites, Joe's suicide likely augured a predictably dismal future for the region's blacks: unrestrained and ill-prepared for

the responsibilities in freedom, former slaves now became susceptible to self-destruction, until now, a white phenomenon. If freedpeople suffered in the postwar years, as Joe's suicide seemed to intimate, it was suffering wrought by freedom.

For historians, Joe's suicide raises different questions and answers. Why would a newly freed slave voluntarily choose death after freedom finally had been won? What of the rapture usually associated with the welcomed end of the institution of slavery? Where does Joe's decision to kill himself fit in the narrative of jubilee? If suicide occurred regularly among the enslaved, and largely as a consequence of long-standing suffering and abuses withstood by bondspeople, and the cause of slave suicide had been removed, then Joe's death at his own hands makes little sense.

This chapter examines the practice of suicidal behavior among African American Southerners after the Civil War in the larger context of postwar conditions, as well as attitudes toward black suicide by whites and non-whites of the region, and explores the impact of emancipation on those behaviors and attitudes. Did slavery's demise affect the nature of suffering among Southern blacks? Were incidents of black suicide affected by the war's end and with it slavery? Did emancipation remove the impetus that slaves had to engage in suicide? Or, did the experience of freedom create a new set of circumstances to which suicide became a common response by freedmen and women? Finally, how did Southerners, white and black, regard suicidal activity among African Americans?

Compared to studies of suicide and slaves, far less attention has been paid to suicidal activity among freedpeople. David Silkenat's monograph *Moments of Despair*, one of the few scholarly works to do so, touches on the impact of the war and emancipation on North Carolina's formerly enslaved population and their attitudes toward suicide and suggests that a significant change occurred. Suicide among the enslaved in North Carolina, he asserts, had been endemic. The enslaved viewed self-destruction as a "symbol of resistance," a way to exert control over their lives as well as to challenge an owner's authority; the enslaved naturally accepted self-destruction as a "fundamental aspect of slave life." But following emancipation, Silkenat finds, North Carolina blacks reformulated their attitudes toward suicide. In freedom, suicide came to viewed as a violation of a newly constructed code of personal and communal commitment to life. African Americans, shackles removed, now had an obligation to live.[2]

Silkenat's contention that the formerly enslaved rejected suicide as a reasonable response to life's burdens makes sense and appears supported by anecdotal evidence. As with slave suicides, reports of black suicide in newspapers after the war are few and terse, suggesting that the rhetoric about "suicide mania"

pervading the South was largely a white phenomenon.[3] In addition to the paucity of news reports of black suicide, many blacks and whites continued to insist that blacks rarely committed suicide.[4] Despite the dearth of news reports about cases of African American suicide, many black Southerners did engage in suicidal activity after the war.[5] While the horrors and brutality of human bondage disappeared after the war, many triggers, some new, some revamped, some familiar, including the similar ones that drove Southern whites to consider self-murder, surfaced in the post-slavery world. Suicide among Southern blacks emerged after the war in response to an entirely new set of conditions that caused considerable suffering. Blacks and whites in the postbellum South also reconfigured their understanding of suicide in light of the changing social, political, and economic climate.

Recent works on the well-being of freed slaves reveal the considerable challenges faced by Southern blacks in the postbellum period and the effects of those challenges on the physical and emotional fitness of African Americans. A reconsideration of the experiences in freedom, one that looks beyond the jubilation framework and takes seriously the extensive suffering of freedmen and freedwomen, provides a foundation for understanding the conditions that (re)shaped both the circumstances and the ideas about black suicide. Despite the welcome news of abolition, questions lingered about how the region's African American population would negotiate its way in this New South. Lacking capital and land, how would they stake their claims as independent laborers or producers? Where would they live? How would they keep their families intact? How would they secure food and medicine? Works by Jim Downs and Gretchen Long make clear that in the first stage of freedom, fleeing slaves congregated in overcrowded contraband camps lacking adequate sewage, food, and clean water, which quickly became incubators for disease. Thus, in the first moments of emancipation, the health of freedpeople deteriorated. Thousands of former bondsmen, bondswomen, and their children fell ill, constituting a medical calamity of unprecedented proportions, leading Downs to make the point that "emancipation liberated bondspeople from slavery, but they often lacked clean clothing, adequate shelter, proper food, and access to medicine." Freedpeople faced untold physical and material hardships that temper the familiar jubilee story. They, alongside white Southerners, now lived in a former war zone and faced war's aftermath: the physical destruction of homes, crops, livestock, farms, rail lines, and businesses that stalled economic recovery. Former slaves, like their masters, scrounged for basic necessities and shelter and struggled to carve lives out of misery and desti-

tution. Former slaves also faced racial discrimination, harassment, and injustices in their everyday lives as free men and women in their attempts to negotiate labor arrangements with white employers, often former owners. African Americans had freedom, but little else.[6]

Emancipation, as welcomed as it was by African Americans, constituted a path strewn with deprivation and suffering that took its toll on the emotional and psychological well-being of the formerly enslaved. Epidemics, exposure to the elements, hunger and malnutrition, separation from supportive networks, all contributed to a high mortality rate among African Americans in the years after the war. Death enveloped black families and communities in the postwar years.[7] Loss of multiple family members plunged many black Southerners into despair over grief, loss, and worries about survival. Physical dislocation separated loved ones, sometimes permanently.[8] Uncertainty about how to obtain the fundamental means to sustain one's self and family as well as confusion and frustration with representatives of aid agencies blunted the elation that accompanied the end of slavery. Freedpeople also faced regular acts of individual and mob intimidation, abuse and violence by white Southerners determined to retain racial control over the political, economic, and social arenas of the South. The Freedmen's Bureau records are replete with cases of horrific beatings, shootings, mutilations, and sexual violence.[9] Emancipated Southerners faced "legal" attempts by whites to "apprentice" their children without their consent, a practice of re-enslavement in everything but name.[10] Freedwomen with children and no husbands perhaps struggled the most, as they faced poor job prospects, little support, and abject poverty. Freedom, as welcomed as it was, ushered in significant trials for freedpeople that taxed the physical and mental health of many. In this climate of hardship and suffering, many African Americans experienced psychological disorders that at times included suicidal behavior.

Establishing causation for post-emancipation incidents of African American suicide is even more problematic than with cases of white suicide. Newspaper accounts of black suicides, as noted earlier, typically contain less information than accounts of white suicides, especially those committed by elite whites. Most freedpeople were illiterate, so they did not record their own feelings or observations in letters and diaries, certainly not to the extent that elite and middle-class whites did. Divining causation and meaning of suicide among post-emancipation blacks is also challenging because virtually all reporting was done by whites, who held racially biased views about the nature of African American temperaments, habits, and mental illness, or who may even have had a hand in contributing to the emotional or material suffering of black suicides, and so may have censored self-incriminating details. Special attention has to be paid to how race shaped the interpretation and

presentation of that information. Despite these caveats and limitations of the historical record, sources intimate that many of the apparent reasons African Americans resorted to suicidal activity after the war were the same as before the war: a desire to end physical or emotional suffering, an effort to avoid punishment, disappointment in love, and mental illness. Some of the triggers, though, were uniquely linked to conditions in freedom or were exacerbated by the struggles African Americans faced negotiating the difficult terrain of freedom. It is not always easy to tell the difference.

For the newly freed, emancipation meant foremost the ability to reconstitute their families and marriages as they saw fit. When enslaved, men and women faced unique challenges and constraints in their intimate partnerships that whites did not. Masters regularly forced marital partners upon the enslaved, thus depriving them of choice of husband or wife. Enslaved couples also routinely lived apart from one another on different farms or plantations, which limited contact and hindered the ability to more fully co-parent children.[11] Indeed, slave marriages were not even legally sanctioned. Enslaved mothers and fathers were not free to exercise control over their own children. The threat of sale loomed and threatened the stability and integrity of family units in slave communities. Enslaved females, even married ones, were vulnerable to sexual assault by masters and their surrogates. The end of slavery held the promise of greater autonomy for the formerly enslaved to fashion familial relationships and roles as they wished, without white intervention or control and with the protection of law. Freedom, though, despite improving the lot of the formerly enslaved in the domestic sphere, provided no guarantee of connubial or domestic bliss.[12]

As in slavery, intimate relationships between African American men and women in freedom were fundamentally important. The burst of black marriages after the Civil War is testament to the importance of the institution of marriage and its symbol of independence. As one African American soldier declared, "The Marriage Covenant is at the foundation of all our rights."[13] But as in slavery, newly freed husbands and wives at times struggled in their marital relationships. The burdens borne by former slaves in the tumultuous postwar South no doubt created a climate in which financial and personal struggles added stress to the lives of black Southerners and hindered domestic tranquility.[14] Black men and women asserted themselves in their households and frequently expressed differing, even incompatible notions of how that household should function. Joe and Lou Tripp of Georgia appear to have been a couple in a strained marriage, though we have no inkling of what was at the center of their marital strife. The twenty-four-year-old wheel-

wright from Macon, Georgia, got drunk one day in his shop in 1869 and began playing with a pistol, prompting leery co-workers to implore him to put it down lest he shoot someone and then regret it when he sobered up. He defiantly replied, "I don't intend to shoot anyone but myself," and with that, he placed the muzzle under his chin and fired, delivering a serious though not fatal shot. Shop workers attributed the attempt to whiskey, but Joe managed to tell the attending physician that the cause was his wife, Lou, and little else about their conflict.[15] Earlier that same year an African American woman from Georgia, a cook, attempted to kill herself following a falling out with her husband.[16]

The large number of grievances and complaints filed with the Freedmen's Bureau attests to significant tension permeating African American homes as husbands and wives at times contested their respective roles and the distribution of power within their households. The formerly enslaved did not operate entirely freely in their private spheres, as Freedmen's Bureau agents at times intervened to mediate marital or familial grievances, usually at the request of freedwomen, who requested assistance when their husbands were unfaithful, beat them, deserted them, or were embroiled with them over child custody issues. In short, freedwomen leveraged the clout of the Freedmen's Bureau in attempts to force their spouses to comply with their expectations of a husband's obligations to his family and to fashion their households in the manner they saw fit.[17] African American men resented external intrusion into their personal lives, viewing such overtures as an encroachment on their masculine prerogatives. One Mississippi freedman took exception to the bureau's interference in his marriage when, after whipping his wife, she threatened to report him. The remorseful husband plied his wife with gifts in an unsuccessful bid to secure her forgiveness and forestall her reporting of him. Saying he would rather go to "h__l" than be subjected to the authority of the bureau, he "deliberately" walked into the bayou and "made a body of himself, refusing all aid or succor."[18]

On the face of it, this man's self-murder seems impetuous and disproportionate, but the historical context of slavery is instructive here. Enslaved men and women greatly shaped gender roles and conventions in slavery although they were constrained significantly by the dictates of masters and the condition of bondage. Enslaved men exercised male privileges as best they could, through prowess in hunting, fishing, storytelling, games, and sex, but enslaved fathers and husbands could not wield the authority or fulfill the obligations that white patriarchal heads of household did. Enslaved males also faced many degrading challenges to their manhood by masters, overseers, and slave patrols: their wives and daughters might be sexually assaulted; their children might run to a master to avoid punishment from slave fathers; or an

enslaved man might see his children or wife stripped away from him and sold. In freedom, former bondsmen sought to exert their masculine privileges without interference.[19] In the Mississippi case, a freedman believed he ought to be free to discipline his wife as he saw fit. The threat of involvement by an outside mediator in his marriage, an affront to his honor, humiliated and shamed him. He was unwilling to abide by a challenge to his manhood and so chose death instead.[20]

Domestic discord and a preoccupation with controlling his wife seemingly led to the psychological instability of Arthur Shampert. His mental illness, the cause of which was believed to have been extreme jealousy of his wife, landed the fifty-four-year-old freedman in the South Carolina asylum in 1877 after threatening to kill his wife, their children, and himself, so that they would all meet in heaven.[21] Marital strife also figured prominently in the suicide attempt by Willis Dozier, who reacted to his wife leaving him by trying to kill himself with an axe and knife. The carpenter in his thirties had been devastated when his wife abandoned him, an act that caretakers believed accounted for his insanity. Eventually, Dozier was institutionalized twice in the 1870s for what caretakers diagnosed as mania. But he also presented with delusions: he heard and saw supernatural things. He believed he had murdered someone. He had also become violent, attacking people without provocation.[22]

Enslaved families and couples were split up regularly before and during the war, which, heroic efforts to locate one another notwithstanding, resulted in permanent separations for many. Occasionally, loved ones from the past appeared long after a spouse had become resigned to a permanent separation and moved on with a new life and family.[23] This may have been the case when, on the eve of Lucy Brown's wedding to her second husband in 1878, her betrothed's "wife" unexpectedly appeared, halting the service. Brown, a thirty-year-old house servant from South Carolina, entered the state asylum shortly thereafter. The aborted matrimony was the second of two personal shocks experienced by Brown that physicians believed contributed to her compromised mental condition. The first was the unexpected death of her first husband, who had been killed "on the railroad." On what was to be her second wedding day, Brown became delusional—she believed herself to be the Virgin Mary and that a doctor wanted to "cut a baby out of her"—as well as suicidal.[24] The shock coupled with profound disappointment destroyed Brown's mental well-being.

Disappointment in love was frequently cited as the cause of suicidal behavior or insanity among black Southerners, just as it was, on occasion, among whites. "Love and jealousy" reportedly drove Nora Johnson, a twenty-one-year-old Georgia woman of color, to kill herself in 1871. The young laundress

swallowed two ounces of laudanum, apparently in response to a fracas with her beloved, Henry Johnson, a twenty-three-year-old porter.[25] A man of color, a Georgia native living in Charleston, likewise killed himself "for love" on Calhoun Street in August 1883. After reaching the hospital, however, he had a change of heart and begged the surgeons to save him from the self-inflicted gunshot. The stomach wound proved fatal, and the man died a few hours after his arrival at the hospital.[26]

In addition to domestic discord, the nexus of postpartum psychiatric ailments and grief over the loss of young children took a heavy toll on African American women in the post-emancipation period. As with Confederate mothers who suffered psychological distress shortly after childbirth, there is considerable guesswork involved in divining meaning from maternal suicidal behavior. Asylum officials offered several theories for the aberrant behavior of nineteen-year-old Margaret Graham of South Carolina, admitted to the asylum in Columbia in the spring of 1877. An unexplained separation from her family, "constant excitements," and unspecified "shocks" experienced "during her sojourn" to Charleston were believed responsible for her condition. Her patient history recounts violent behavior toward others and herself. She had inflicted blows on her own body and was prone to throwing herself into fires. Graham destroyed clothing and furniture, which she often threw into fires. At times, she became delirious and vacillated among being restless, loquacious, and violent, but at other times she was perfectly tranquil and rational. Importantly, Graham's patient history also reveals that she had given birth in January 1876 to one child, who had died several months later. Caregivers, though, made no connection between childbirth or the death of an infant and Graham's compromised mental condition, even though postpartum psychoses and melancholy from the death of an infant likely contributed to her decline.[27] Southern whites had deeply held views about the enslaved's inability to develop deep familial affection and so minimized their capacity to mourn for their kin, ideas that probably influenced Graham's caregivers and shaped their assessment of her condition.[28]

Medical caregivers routinely overlooked a mother's grief or childbirth as cause of black women's mental distress, even in cases where one or both seem obviously contributory. Postpartum related-psychoses may explain Jennie Glover's spiraling mental illness in the 1870s. The mother of five arrived at the South Carolina Insane Asylum after it was determined that she posed a threat to herself, her husband, and her children. She had attempted to kill at least one child to ensure it would go to heaven, but she also intended to do harm to herself. She had climbed trees from which she had jumped in

attempts to end her life. She also had hurled herself headfirst into a deep gully in an effort to break her neck. Caretakers did not identify a cause of her mental lapse, and her patient history offers few clues. Although the physician's record states nothing about any reproductive-related abnormalities, two nuggets of information suggest a possible postpartum condition. First is the age of her youngest child, a toddler. Onset of symptoms coincided with that child's birth. The second is the intent to do harm to her children and herself, indicators of postpartum psychoses.[29] Like many young women of the nineteenth-century South, Glover's psychological well-being seems to have been compromised by postpartum complications exacerbated by multiple pregnancies.

The combination of grief and postpartum depression likely contributed to Charlotte Haly's manic behavior, although these are not listed as relevant factors in her patient history. The twenty-seven-year-old house servant arrived at the asylum in Columbia after having been insane for five years. Lately she had become violent and noisy, taken up cursing, and was prone to disrobing, apparently in inappropriate settings. Once she had tried to drown herself in a well. No one apparently connected the deaths of all four of her children to her insanity. Coincidentally, the birth and death of her last child had occurred five years earlier, which roughly corresponds to her onset of insanity.[30] White caregivers, in their recordings, seem to have been oblivious to the impact the loss of four children would have on an African American mother.

Black Southern women, like their white counterparts, unquestionably suffered emotionally when their babies died. But because postbellum infant mortality was higher among Southern blacks than whites, such losses would have been more common among Southern black women than whites. African American child mortality exceeded white child mortality in the South before the war and likely continued after the war, though no data exist to confirm that supposition. Brenda Stevenson's study of one plantation family in Loudon County, Virginia, reveals a mortality rate for slave children in the 1830s of almost 40 percent, and between the years 1834 and 1854 the slave child mortality rate rose to almost 47 percent.[31] Economic historian Richard H. Steckel, citing "exceedingly poor" living standards, estimates slave infant mortality at no less than 30–35 percent.[32] Conditions did not improve with freedom. In fact, black families following emancipation lost one important advantage they possessed as slaves that might have caused infant mortality rates to rise: the incentive of a master to do everything in his power to ensure the good health and well-being of an enslaved mother and her infant during childbirth and delivery. Slave owners had not hesitated to call in physicians to assist with the delivery of enslaved babies to protect their valuable

assets, especially when complications arose.[33] After the war, slaveholders refused to supply medical assistance for former slaves. As one Louisiana planter bluntly put it, "When I owned niggers, I used to pay medical bills and take care of them; I do not think I shall trouble myself much now."[34] For a time, freedmen's hospitals were accessible for women with difficult pregnancies or childbirth, but most ex-slaves lived far from bureau doctors and hospitals and so went without adequate medical care, ensuring an even higher rate of infant mortality.[35] In freedom, then, African American parents could face staggeringly high child mortality rates. Most black parents in the South thus stood a good chance of losing multiple children. Charlotte Haly lost all four of her children. Another South Carolina woman, older than Haly, lost six of the sixteen children to which she had given birth. Silva (or Silvia) McGriff, a woman in her forties, experienced no fewer than five bouts of insanity during her lifetime and was institutionalized twice in the 1870s, at least partly for the "many" attempts at suicide. Doctors suspected that the "change of life" played a role in her presentation of mania, which manifested as "vague imaginations, unbearable conduct at home, destroying personal property about [the] premises of husband, denying the same." She also exhibited "strong suicidal tendencies." Doctors overlooked, however, as a possible causal link her numerous pregnancies, the possibility of postpartum complications, and the deaths of six of her children.[36]

Older African American women with self-injury tendencies also populated insane asylums in the postbellum period. Flora Campbell was a fifty-eight-year-old widow whom asylum caregivers determined suffered from mania. "Disposed to injure herself," she also had threatened to kill her children. The purported cause of her insanity was the loss of her husband, Jack. As in white nineteenth-century households, the death of the black male head of household ushered in disruptions and uncertainty. Campbell lost not only her husband and partner but the foodstuffs and income he provided as a farm laborer. It was not the loss of a husband, though, but the death of a favorite grandchild that may have triggered her descent into insanity, or perhaps the two together.[37] Dido O'Cain, wife of a farmer, suffered from delusional insanity upon arrival at the Columbia asylum in 1879. Her history indicates several aberrational behaviors including maintaining a "sullen silence" when spoken to, refusing to eat or drink, and posing a physical threat to servants. She could be cheerful at times, melancholy on other occasions. She was troubled by fears of her house being blown away and of being an outcast. She sought opportunities for self-destruction. Doctors floated several theories about the origins of her insanity. Heredity was one possibility, dyspepsia another. Still another explanation was that she had been physically and emotionally taxed of late while nursing a very sick grandchild, to whom she was greatly attached.

She had stayed up around the clock for seven straight days.[38] Grief coupled with the physical and emotional exertion and lack of sleep may have pushed her over the brink.

Physical, not emotional, pain drove some black Southerners to suicide, like the thirteen-year-old African American boy who hanged himself in Alabama in 1867. According to the newspaper report, he had been suffering unbearable abdominal pain. An autopsy revealed an ossified obstruction, probably a tumor, that had blocked the colon.[39] It is unclear whether the boy received medical attention for his condition, but if he had not, that would have been common. The end of slavery left a vacuum of medical care for former slaves, as masters no longer felt obligated to provide health care for laborers in their employ. New labor contracts in the postwar years typically required workers to subsidize their own medical care, and few African Americans could afford such a luxury. Lucky freedpeople in the several years after the war might have visited a Freedmen's Bureau hospital, if there was one nearby. Few ex-slaves could afford to pay doctors and so had less access to professional medical care.[40] Southern blacks had few options when sick, and consequently many suffered horrifically, like the teenager who remedied his own pain through self-inflicted death.

During Reconstruction, as in slavery, some African Americans turned to self-destruction as a way to avoid punishment by the legal system. For example, a Georgia freedman jailed for horse stealing attempted to kill himself, presumably to avoid a guilty verdict and death at the gallows. "Stewart" obtained glass, then pounded and consumed it. An alarmed jailor forced half a dozen emetics treatments on the incarcerated man, but to no avail. An attending physician proclaimed that nothing could be done to save the man and that in six or eight days, after considerable pain, he would be dead. The patient-inmate, hearing this grim prognosis, waited for an opportunity to escape, then sprang past his guard and threw himself out of the third-story window, landing some thirty feet below. He did not die from the fall, however, and presumably was taken back into the jail to await the slow death from broken glass making its way through his gut.[41]

While some explanations for self-injury of freedpeople remained the same as before emancipation, certain causes emerged anew out of the process of emancipation. Adam Miller was jailed in South Carolina, possibly for vagrancy, in 1878. Vagrancy had become criminalized in the Reconstruction South in order to coerce freedmen into labor arrangements. Violators could be fined or assigned to involuntary labor.[42] Regardless of the circumstances, the confinement aggravated "an already irritable temper," language suggest-

ing that Miller struggled with mental illness before his incarceration. After the war, and especially before the issue over the admission of non-white patients into insane asylums was resolved, mentally ill African Americans like Miller were frequently confined in jails, where the conditions were horrid and they received minimal if any care.[43] The conditions of incarceration, likely in squalid, dank quarters, worsened any underlying emotional or psychological ailment that may have contributed to Miller's confinement. By the time he arrived at the asylum in Columbia, he was "noisy, violent, restless, sleepless, sullen, obscene and profane in speech." At times he spoke incoherently and entertained "fanciful" delusions; for example, he spoke of "his great wealth and the high society in which he moves." Sometimes he refused to eat, claiming the food was poisoned. Although he never expressed a desire to take his own life, he banged his head violently against the door of the room in which he was confined. Doctors pointed to the "physical conformation of the patient's head," which they believed reflected defective brain development and accounted for Miller's aberrant behavior. His life of vagrancy and "rowdyism" confirmed the diagnosis.[44]

Many African Americans struggled financially, materially, and emotionally after the war, as did Southern whites. Their responses to excessive and prolonged suffering occasionally included attempts at suicide. A Georgia newspaper acknowledged that stressful times were a central cause of the suicide attempt of "Tall Kate," a black woman residing in Macon. Tall Kate overdosed on laudanum five years after the war ended but was saved when a physician pumped her stomach. The local paper surmised that the "rash" act must have been an attempt to "evade the trials and tribulations incident to her probationary term on this mendane [*sic*] sphere." An "old negro" who witnessed the attempt put it a little differently: she tried to kill herself "bekase somethin' went hard agin her mind."[45] The perspective of an African American, not wholly inconsistent with the newspaper account, suggests Kate's mind was left unsettled by some stressful external event or condition.

Some suicidal African Americans suffered from a form of mental illness that likely explains their attempts at self-injury. Twenty-something Adam Mahaffey of South Carolina entered the state asylum twice, the last time in 1876. Examining physicians declared him insane due to his inability to answer questions intelligibly, "insendiaryism," [sic] and threats against neighbors and "his own person." Mahaffey's medical history yields worrisome behavior that included "rambling from neighborhood to neighborhood and house to house threatening insendiaryism"[sic] and threats to cut his own throat with a razor. The cause of his diminished mental state was believed to have been "self-abuse" and "debility of genital organs."[46]

Southern whites had denied that the enslaved committed suicide, so when the occasional story of black suicide came to the attention of white Southerners after the Civil War, they had to reconcile their prewar views with postwar realities. Whites, when presented with incidents of black suicide, blamed emancipation and the removal of the constraints of slavery. Frank Alexander Montgomery recalled years after the war how freedman Jake Jones committed suicide while in jail for murdering a black woman. Montgomery used the anecdote implicitly to highlight how freedom had ruined many a good negro. After the war, the "poor fellow" Jones "fell into bad habits," including the abuse of alcohol and morphine.[47] Such explanations fed the Southern white narrative that freedom ruined blacks. After slavery, no longer under the master's watchful eye, freedmen succumbed to vices and temptations denied them under slavery, which sometimes led to anomalous incidents like suicide.

Newspaper accounts of black suicide shortly after the war were highly racialized and often couched in humor, allowing (white) readers to view the acts, not as tragic and not as a response to extreme suffering, as usually was the case in stories of white suicide, but as comedic. The lighthearted stories poked fun at freedpeople engaged in suicidal behavior, belittling the circumstances of the incidents. A "sable love swain" in Memphis attempted to kill himself in 1867, ostensibly because "the mammy of his divinity" opposed a matrimonial alliance. But when he placed the muzzle of the pistol to his forehead and pulled the trigger, the skull proved "impenetrable" and the ball glanced off his forehead, leaving him unharmed but "very much frightened."[48] In this telling, the innate incompetence and racial inferiority of African Americans underscored their inability to complete a suicide successfully. That same year, the *Atlanta Daily Intelligencer* ran the story of a "negro" who attempted to cut his throat with a razor, but at the sight of a "few spoonfuls of colored blood" he ran off for his mother's house, where the wound was dressed. The story expressed skepticism at the idea of an African American taking his own life: "Who ever heard before of a negro trying to commit suicide?"[49] Here, too, the incredulity of black suicide was couched in racial stereotypes: the African American male's attempt at suicide was thwarted by his own cowardice and childlike disposition. The *Petersburg Index* in 1867 delighted in relaying the account of two young North Carolina women of color who ingested laudanum in an unsuccessful bid to kill themselves. "A gay Lothario in the shape of a big buck darkey" was the cause of "all this woe," mocked a Virginia newspaper.[50] The *New Orleans Times* attached the headline "Not Dead Yet" to an addendum of a story previously reporting the drowning suicide of George Ellis. Ellis had been seen the next day "prome-

nading upper Canal Street, in the very *neglige* in which he entered the river." Ellis, it would seem, was a "capital swimmer" who had pulled a "very clever trick."[51] Finding humor in black suicide allowed white Southerners to deny African Americans their humanity in freedom and to withhold empathy for black suffering, while reserving it for white victims of suicide. The humorous portrayals of the four failed suicide attempts of formerly enslaved people underscore their alleged lack of competence and courage, implicitly appropriating successful suicide as a white act while denying sympathy for suicidal Southern blacks.

The increased visibility of black suicide in the post–Civil War South went hand in hand with a reported spike in "insanity" among the region's black population, which had remained largely hidden before the war. Antebellum white Southerners had claimed that the enslaved rarely went insane. As evidence, they pointed to the small numbers of enslaved housed in insane asylums, implying that a miniscule black asylum population indicated a low rate of insanity, when in fact most Southern institutions did not ordinarily treat non-white patients. Where institutionalizing slaves was an option, slave owners bristled at the high cost of care, which, at $1.50–$2.00 per week, proved too expensive for most.[52] Instead, the enslaved of "unsound mind" remained on plantations or farms, where two families, one white, one black, looked out for them. Masters often treated mentally deranged enslaved people as partial hands, adjusting their workloads and assignments to accommodate diminished mental faculties and allowing such slaves to work to the best of their capabilities. The high cost of institutional care and the willingness to accept reduced labor output from mentally incapacitated slaves together with racially discriminatory admission policies depressed the number of non-white patients in antebellum Southern insane asylums, a flawed measure for gauging insanity among the enslaved.

While rare, some non-white patients do appear as patients in antebellum Southern asylums records. Virginia's Eastern Lunatic Asylum admitted free blacks when it opened in 1773 and accepted enslaved people after 1846.[53] Its counterpart, the Western Lunatic Asylum, actively resisted accepting non-white patients and admitted only one before the Civil War.[54] Georgia legislators made no provisions for inmates of color when they approved the construction of an insane asylum, but officials regularly discussed the possibility of admitting non-whites. In the late 1850s, the legislature approved a bill that provided for the care of insane blacks. The number of non-white patients before the war, however, remained small.[55] South Carolina, too, admitted some African Americans before the Civil War after its legislature, in a political act, authorized the asylum in 1848 to accept black patients, an acknowledgment, it seems, that the state had a moral obligation to care for

the enslaved who were insane. But between 1850 and 1859, only 30 blacks were admitted compared to 600 whites. At the end of 1858, a mere 7 of 180 patients were non-white. In 1858, however, regents of the facility released all male black patients and refused to admit any more until the state funded a separate structure for them. By 1860, the asylum accepted only black females.[56] Asylums in Maryland, Mississippi, and Kentucky also admitted blacks before the war.[57] Louisiana accepted free blacks and some slaves.[58] North Carolina, the last of the original thirteen states to open an insane asylum, did so in Raleigh in 1856 but refused to admit black patients.[59] Similarly, Kentucky's Eastern Asylum denied admission to the enslaved.[60] When white Southerners cited the paltry number of black asylum patients before the Civil War as proof blacks did not go insane, they failed to note that quite a few asylums refused to accept them as patients or, if they did, did so in paltry numbers.

After the war, myriad sources documented the ostensible rise of insanity among the region's black population, measured once again by their numbers in asylums. Indeed, the black population in Southern insane asylums increased sharply in the years after the war. In 1884, the head of North Carolina's Eastern Insane Asylum offered that in the ten years since 1870 the numbers of the "colored insane" had risen by over 200 percent.[61] Dr. J. W. Babcock, superintendent of the South Carolina Insane Asylum, reported that "brain diseases" among African Americans had risen "from one-fifth as common in 1850 and 1860 to one-half as common in 1880 and 1890.[62] At the end of the war, the Columbia facility held five non-white patients; by 1871, that number had jumped to seventy-five.[63] The superintendent of the Georgia insane asylum used census data to contrast the rarity of insanity among the enslaved with its frequency in freedpeople; in 1860, only one enslaved person in 10,584 was identified as insane. After emancipation, a much higher figure, one African American in 943 by 1890, was insane.[64] Medical practitioners in the postbellum period unanimously concluded they were witnessing a significant transformation in the mental health of the region's black population. Insanity, unknown in the enslaved, or so it was believed, had become an epidemic among Southern blacks after the war.

Medical professionals, especially asylum superintendents, debated the causes of the perceived rise of insanity among the African American population after emancipation. Expert consensus centered on the black's transition into freedom as the impetus for the rise in insanity. In slavery, masters had taken great care of their bondspeople, who wanted for nothing: allocations for clothing, food, and shelter were "substantial and sufficient."[65] They lived under healthy conditions and, when sick, the master provided medical care. Moreover, slavery constrained sordid impulses among bondsmen and kept vices like sexual indulgence, drinking, and gambling, conditions that contrib-

uted to insanity, in check. In short, thanks to the beneficence and watchful eye of their masters, the enslaved lived healthier, carefree lives as slaves than as freedmen and freedwomen. A physician at the Mississippi asylum explained: "While the negro had a master he had no thought of the morrow; not a single care burdened his mind; there was nothing to disturb his equilibrium, and he was always the same fat, sleek, and contented individual."[66] Few physicians could recall an insane black under slavery. The physician of the Missouri insane asylum recalled that before the Civil War, "a crazed negro was the rarest bird on earth."[67] Experts agreed that freedom had had a harmful effect on the region's black population. African Americans were ill-prepared to fend for themselves and wholly unprepared to provide for their families. When economic conditions worsened in the years after the Civil War and farm prices and wages fell, the formerly enslaved found it even more difficult to meet "exacting demands" for survival. Southern blacks, in this rendering, had been overwhelmed, "thrust" into freedom without adequate preparation, and so were ignorant of laws and the functions of citizenship as well as the responsibilities and duties required of citizens.[68] Self-sustenance and self-reliance, the pillars of individualism in a civilized state, eluded African Americans, many of whom freely indulged in vices like alcohol and licentiousness that served "to unsettle their minds."[69]

Pseudoscience informed by racialized thought cemented the explanation for why blacks were no longer immune to insanity and, by extension, suicide. Their environments and ways of life had changed dramatically in freedom, adding unprecedented stress. Blacks were further handicapped because of biological and anatomical differences that rendered them unable to adjust. Their "mental caliber is small," explained a North Carolina asylum doctor. The "convolutions of their brain are few and superficial; their cranial measurement small."[70] Blacks also possessed inferior, underdeveloped nervous systems that rendered them more susceptible to mental illness when required to assume responsibility.[71] Faced with unprecedented demands outside slavery, asserted medical practitioners, African Americans proved intellectually and constitutionally ill-equipped to discharge the newfound duties as freed men and women. Conditions peculiar to the enslaved, then freed slaves, accounted for the presumed rise of mental illness in the post-emancipation black population in the South.

The cultural and medical explanation of black retrogression as the cause of increased insanity among the formerly enslaved coincided within a larger trans-Atlantic narrative arc situating mental instability generally and suicide specifically within the paradigm of "modernity" and "civilization." Nineteenth-century social scientists posited that "uncivilized" or "primitive" peoples were resistant to psychological ailments. A note in the *American Journal of Insanity*

in 1847, for example, observed: "Civilization appears to favor the development of madness. The circumstance may be attributed to the restraints imposed upon the indulgence of passions, the diversity of interests, and a thirst of power; long-continued excitement of the mental energies, and disappointment in affections and anticipations. The wants of the savage are circumscribed."[72] African Americans, having emerged from slavery as a "primitive" people, now were suffering the deleterious effects of maneuvering, ill-prepared, in a civilized state.[73] Insanity was the price of freedom.

Whites in the postbellum South had figured out how to explain black insanity among freedpeople. But they proved resistant to making the leap that suicide, too, was linked to freedom. Instead, white medical professionals continued to deny that blacks experienced melancholy and suicidal impulses. Medical experts, primarily physicians and superintendents affiliated with Southern insane asylums, steadfastly denied that African Americans committed suicide. The clinical director of the Georgia State Asylum, E. M. Green, found that the "negro rate" for melancholia was a mere 0.04 compared to the 1.0 rate for white patients. Of 2,119 subjects, he found only one case of "involution melancholia."[74] Suicide among African Americans was rare, contended Dr. J. F. Miller, the superintendent of the Eastern Hospital in North Carolina. In nine years, he had observed only one case of suicidal melancholia among black patients.[75] Dr. J. D. Roberts, who preceded Miller as superintendent at the African American asylum, also remarked on the rarity of black suicide. Of the two hundred patients he had in his charge the first year or so, not a single suicide attempt was made.[76] Although he lost one patient to suicide in the following year, he remained resolute in his belief that African Americans only rarely committed suicide.[77]

Alabama asylum records that break down patients by race and diagnosis confirm that few black patients were believed to have suffered from depressive conditions compared to white patients. In 1870, 11 percent of blacks presented with some form of melancholy, compared to 15 percent of whites. The racial disparity in the diagnosis of melancholy grew exponentially over time. Ten years later only 5 percent of black patients appeared in melancholia diagnostic categories compared to about one-quarter of whites.[78] This same pattern of racialized diagnoses can be observed in the Georgia insane asylum after the war. Superintendent Green of the Georgia State Asylum (as it was known later in the century), explained: "The expression of suicidal ideas is seldom heard, and suicide is an extremely rare occurrence in the negro race."[79] On the face of it, patient case histories from the Georgia asylum support this claim. A survey of the nearly 200 African American inmates of the Georgia insane asylum admitted from August 1867, when the first free African American patient arrived, through October 1878, reveals only one iden-

tified as suicidal. This figure, about 0.5 percent, compares to roughly 18 percent of white patients during the same period who were listed as suicidal.[80]

White medical experts, relying on racist assumptions and stereotypes about blacks' "natural" happy, carefree temperament, were able to explain why few blacks, despite the large number who appeared insane after emancipation, suffered from melancholy. One asylum director speculated that perhaps the "Negro's inherent love of life" shielded him from depression.[81] Superintendent E. M. Green of Georgia implied as much when he surmised that the "average negro, in his normal environment, is happy, active, boisterous."[82] Green's characterization of the "negro" temperament likely explains why so few African American asylum patients received depression-related diagnoses. In this Sambo redux, the (male) African American mind "does not dwell upon unpleasant subjects; he is irresponsible, unthinking, easily aroused to happiness and his unhappiness is transitory. . . . The simplest amusements distract him, and he gains pleasure from occasions which should rather give rise to sadness."[83] By contrast, whites, more cerebral, more acquisitive and possessing more self-awareness about life's potentials, suffered from depression more often than blacks.[84]

Racialized understandings of mental illness and temperament played a significant role in shaping caregivers' evaluations of incoming patients. Believing that non-whites were constitutionally disinclined to be melancholic, physicians interpreted their symptoms differently than those of white patients. Asylum officials charting personal information of incoming black patients may never have even asked about suicidal history, presupposing that African Americans were immune to melancholia. Instead, when ferreting out the "cause" of a black patient's insanity, caregivers privileged heredity, cerebral malformations, epilepsy, intemperance, or masturbation, etiologies more in line with white ideas about blacks' nature and lived experiences. Acknowledging that African Americans grieved over the loss of a spouse or child or had become distressed over a spouse's desertion would have contradicted generations of white racial thought denying that the enslaved suffered emotional loss. To recognize slaves' humanity and their intimate connections to others would have made it difficult to rationalize splitting up slave families or marriages through sale. No one articulated this rationalization better than Thomas Jefferson, who, in his famous *Notes on the State of Virginia*, proclaimed that African men were more "ardent" for their females, but denied they loved: "Love seems with them to be more an eager desire, than a tender delicate mixture of sentiment and sensation." Slaves' "griefs" were "transient." The burdens of life, he suggested, "those numberless afflictions" that weigh heavily on white minds, "are less felt, and

sooner forgotten with" blacks.[85] Under slavery, casting bondsmen and bondswomen as unaffected by emotions of personal attachment and incapable of cultivating intimacy, assuaged the guilt of slaveholders whose actions tore slave families apart. In freedom, the denial that African Americans suffered in the same way that whites did, especially in the South during and after the Civil War, put greater distance between whites and blacks in an inchoate world where status was no longer determined by bondage. After the Civil War, it became imperative for white Southerners to continue to deny that African Americans committed suicide, even in the face of evidence to the contrary. At a time when white attitudes toward suicide were relaxing and reflecting greater empathy toward white victims of suicide, Southern whites needed to distinguish further racial differences in a society no longer bounded by slavery. Professing to believe that blacks were immune to suicidal impulses elevated suicide as an attribute of civilized (white) society. In denying that non-whites killed themselves while acknowledging that whites did, Southern whites withheld from African Americans a trait, the ability to suffer, that would have confirmed their humanity.[86]

As Southern insane asylums slowly and begrudgingly integrated and accepted more African American patients, white medical personnel admitting men and women of color with histories of self-injury had to make sense of African Americans who presented with suicidal behavior or ideation and to reconcile these manifestations of mental illness with their own racialized understanding of blacks' psychological nature. Falling back on decades' old ideas that blacks were neither suicidal nor depressive, white physicians constructed a pseudo-scientific narrative that simultaneously permitted them to deny that blacks committed suicide, while situating that anomalous black suicide in a racialized clinical and cultural framework. In doing so, the medical community in the South preserved suicide as a white disease borne of a superior intellect and an advanced, more complex lifestyle.

African Americans first began arriving at the doors of Southern asylums shortly after the war in a trickle, then waves. Ailing freedpeople during and after the war became the responsibility of the Medical Division of the Freedmen's Bureau, which established a number of hospitals throughout the South that serviced the formerly enslaved temporarily until localities and states could take charge. State governments and, especially, superintendents of Southern asylums opposed bureau efforts to transfer mentally ill African Americans to their facilities on the grounds that freedpeople were not citizens. The passage of the Civil Rights Act in 1866 invalidated that claim, though some medical supervisors of asylums continued to resist integrating

their all-white or nearly all-white asylums. Some unreconstructed state governments required proof that "paupers"—the poor insane who relied on counties or the state to fund their stays at the asylum—had lived in a county for a year in order to qualify for support, a stipulation that proved difficult to meet given the mobility of the black population during and after the war. Frustrated bureau officials resorted to playing upon the racist fears of local officials, ironically, by expressing worries about "insane" freedpeople running about neighborhoods uncontrolled and supervised. In response, municipal leaders in some Southern towns forced asylums to admit former slaves. Emancipation thus precipitated a revolutionary shift of responsibility for insane blacks from masters to the state.[87]

At the Georgia lunatic asylum in Milledgeville, the first patients identified as "colored" arrived in August 1867.[88] In 1866, there had been over thirty applications for the admission of blacks to the asylum; some had even been brought to the hospital before their applications had been considered. But the asylum lacked separate quarters for non-whites, as required by law, so the superintendent denied them admission. Eventually, over the superintendent's protests, General James S. Steedman of the Freedmen's Bureau forced the asylum to accept African American patients. In 1867, thirty-four blacks had been admitted to the asylum, most of whom were deemed incurable. Superintendent Green pleaded with the chief surgeon of the bureau to exclude these patients, and an order was issued to this effect.[89] Green further complained that blacks were left "clandestinely" on the premises.[90] African Americans who were incapacitated, either developmentally or psychologically, apparently were being abandoned on asylum grounds. By mid-1868, admission of black patients to the Georgia asylum was still sporadic.

The earliest African American patients at Milledgeville arrived with little or no biographical or personal information, probably for a couple of reasons. Mentally unstable African Americans likely were "dumped" stealthily by their former masters, who seized the opportunity to rid themselves of superannuated or incapacitated former slaves. Non-lucid, developmentally challenged, aged, and epileptic freedpeople, who likely had been cared for by masters, were abandoned along roadsides or in towns and incapable of supplying information about their histories. Annie, an eighteen-year-old girl of color, was admitted in 1868 to the Georgia asylum after found "wandering about the country."[91] Another woman of color going by the name Lucy was left on the premises of the Georgia asylum in April 1868. Other than her name, nothing else was known about her.[92]

A number of African American asylum patients were transferred from jails where they initially had been incarcerated. Jails were the only facilities adequate to constrain mentally incapacitated patients, other than asylums,

especially the violent ones like Richard Dean. Dean, about age twenty, had worked as a barber in Milledgeville after the war but suddenly became violent. Dean was confined in the local jail, likely caught up in the standoff between Georgia asylum administrators and Freedmen's Bureau officials, as the asylum had no policy of receiving free blacks. Dean eventually became the first freedman institutionalized in the Georgia asylum in 1867.[93] Like Dean, William Taylor of Savannah had lapsed into insanity and become predisposed to violence, so he was confined in jail for over a year before entering the asylum. Albert Brookins, too, landed in jail for about five weeks after he was deemed insane. Both men entered the Georgia asylum in 1871.[94]

Once the Freedmen's Bureau successfully forced the integration of the asylum, non-white patients flooded the Georgia facility, the vast majority of whom arrived directly from bureau hospitals throughout the state, suggesting that at the local level the agency had assumed responsibility for the care of mentally ill freedmen and freedwomen as an interim postwar measure. The placement of African American patients at the Georgia asylum also suggests that the integration of that facility was effected at the insistence of bureau officials. This was the case in South Carolina and North Carolina as well.[95] After the war, military authorities, the Freedmen's Bureau, and former slaveholders directed mentally ill ex-slaves to the asylum in Columbia.[96]

African American asylum patients admitted during Reconstruction, especially early on, differed starkly from the white patients. Notably, medical histories of postbellum black patients contain precious little personal information. A typical entry for a "colored" patient in the Georgia asylum admission log contains a name (though not always, and often just a first name); status as a "pauper"; designation as a lunatic, idiot, or epileptic; and the county from which each came. In most cases, no history is provided, or if one is noted, there are sparse details. The abbreviated case histories likely reflect the fact that those delivering the patients knew very little of their backgrounds. This is especially true if the patients had been abandoned on or near the grounds or elsewhere and brought to the asylum. The superintendent of Virginia's Central Lunatic Asylum for the Colored Insane—formerly a Confederate soldiers' hospital retooled as an asylum for "black lunatics" in 1870—complained that many of his patients were committed without any personal histories because they were found "at large" and were "too ignorant or too insane" to supply information themselves.[97] Even in later years, the case histories for black patients are less detailed than those for white patients. Lack of interest in black patients may explain the spotty patient records, but more than likely African Americans arrived with less paperwork from their family members, many of whom were illiterate. It is also likely that black patients, unlike most whites, had received no medical care before admission, so supporting docu-

mentation from family doctors, which routinely accompanied white patients entering the hospital, and on which staff doctors relied heavily, was nonexistent for most African American patients.[98]

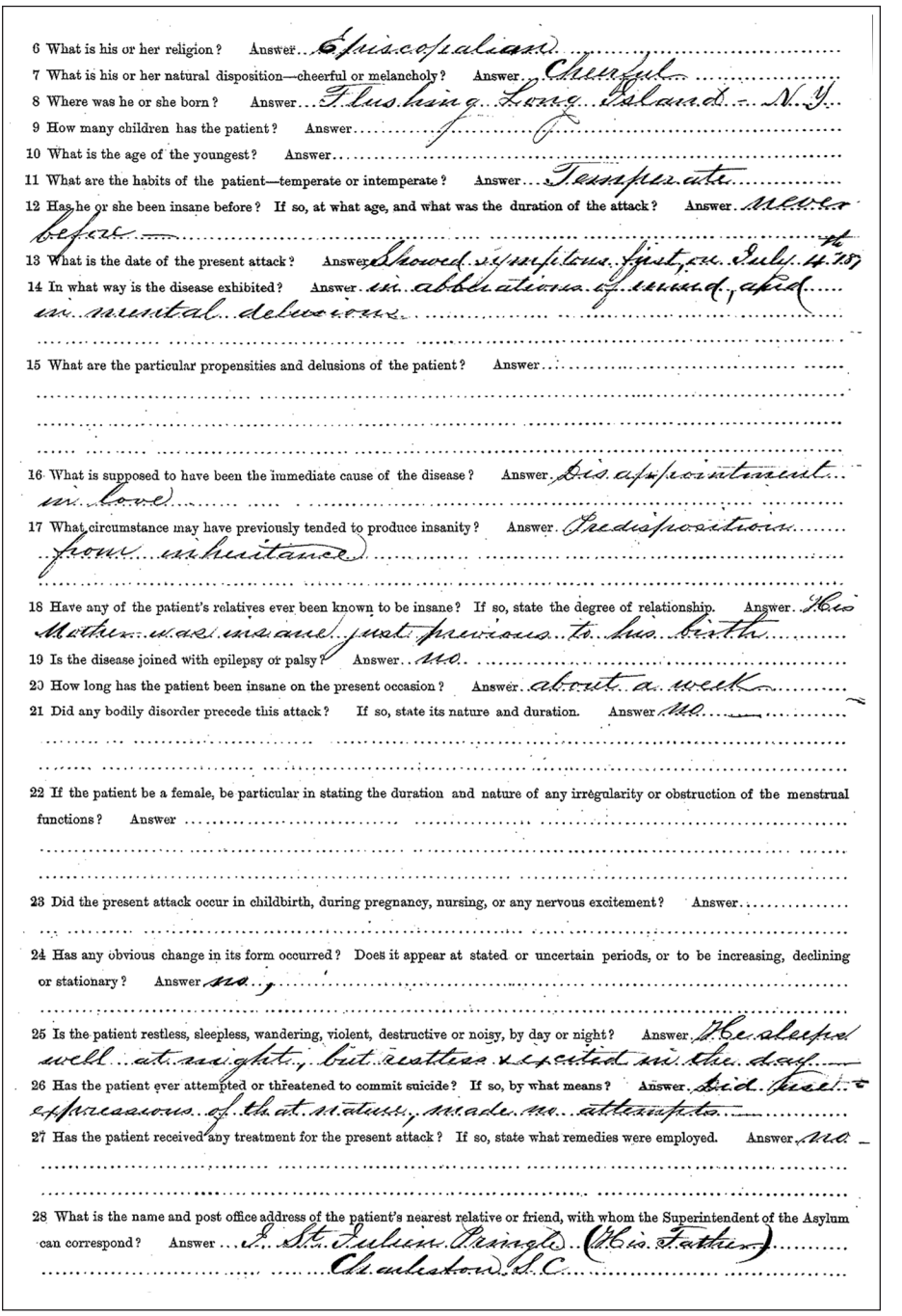
Black asylum patients differed from their white counterparts in another crucial way. Their health tended to be much worse than that of white patients. Southern asylums after the war acted as repositories for all manner of physically and psychologically ailing former slaves. Asylums served as a veritable dumping ground for superannuated slaves in addition to those afflicted with severe mental ailments. Seventy-year-old Stephen Foster of Fulton County arrived in Milledgeville feeble, greatly emaciated, unable to walk without assistance, and suffering from diarrhea in June 1868. He died the next month.[99] Juda Webb, believed to be about eighty when she arrived at the asylum in late 1868, was unable to walk and in "an utterly helpless condition."[100] Charlotte Lowther was an insane "colored" woman about age sixty when admitted in November 1867. She died less than a year later.[101] Mary Harper and Rose Harris arrived at the asylum together from Pike County in September 1867. Harper was seventy-one, had been insane for at least twelve years, and died several months later. Harris, who had also been insane "some years," arrived very feeble and unable to walk. She perished before year's end.[102] African American patients commonly died soon after arrival. Simon Dunn perished just three weeks after arriving at the asylum. He was seventy and had been insane for several years.[103] Increasingly, black patients populated Southern insane asylums after the war but, unlike white inmates, were not always appropriately placed there for psychiatric rehabilitation and cure. Rather, the eradication of slavery had left a void for the care of all manner of disabled and debilitated emancipated slaves. Asylums thus became the de facto repository of the sickest of the sick. Whereas most white patients were believed to be "curable," most non-white patients were not.

Many formerly enslaved men and women who were institutionalized in the years immediately following war's end and who suffered from mental illness were debilitated in other ways as well. Quite a few exhibited symptoms of epilepsy, such as convulsions, which likely made them unemployable in the new world of wage labor. Dorcas Cook, for example, was fifty and had been having convulsions for over ten years. She died about three months after entering the Georgia asylum.[104] Charlotte Tuggle experienced convulsions, too, sometimes daily.[105] The Georgia asylum admitted thirty-five-year-old Henry Park in 1868 as a lunatic but also as someone who had been "a weak minded person" all of his life.[106] Maurina Flournoy, a young Georgia mother, had received a blow to her head by a "negro foreman" as a teenager, prompting the onset of convulsions, which had begun to occur more often. She died about two weeks after entering the asylum.[107]

Unlike white patients, black patients sometimes were admitted with family members. In one case, a woman about age thirty arrived with her daughter, about age ten. Both were classified as congenital idiots.[108] Those individuals or entities sending patients to the asylum at times seemed at a loss to provide for small children of institutionalized mothers, and so infants or children sometimes arrived with their mentally ill mothers. Betsey, an eighteen-year-old woman of color, was dropped off at the Georgia asylum in 1868 after being found along a road with her three-month-old son. The party that delivered her refused to take the child and so the baby stayed in the asylum with his mother.[109]

Records also suggest that a number of black patients admitted during Reconstruction had been mentally ill for years prior to coming to the asylum. Joseph Trey, for instance, was twenty-seven when admitted to the Georgia asylum but had been "insane" as a child, about twenty years earlier.[110] Curtis Hall, aged eighteen, became "excited" with the change of the moon. He had been insane for five or six years.[111] Lucy Loftley, a fifty-year-old Georgia woman of color, had been insane for fifteen years when she arrived at the asylum.[112] In each of these cases, the patients, according to medical histories, had been mentally ill while enslaved. Freedpeople who arrived at insane asylums soon after the war were, as Superintendent Green observed, largely incurable and hopeless, having arrived physically depleted, ill, and/or malnourished and suffering from mental illness for extended periods of time. Not surprisingly, many died soon after arrival.[113]

A decade after war's end, the chaos surrounding the first admission wave of post-emancipation African American patients to Southern insane asylums had given way to a more organized, systematic evaluation and admission process. By the mid-1870s, the asylum in Columbia, South Carolina, had introduced more extensive standardized intake forms, further regularizing the admissions process by requesting uniform information from new patients, including African Americans.[114] (See figure 10.) At first blush, information gathered seems to support the widespread belief among white Southerners that blacks tended not to suffer from melancholy or commit suicide. Of the 223 "colored" patients admitted to the South Carolina Insane Asylum from September 1875 through December 1879, only 8, or 3.5 percent, presented as melancholic. Of these eight, all but one was female, suggesting that melancholy was not only a racialized diagnosis but a gendered one as well. Only one of these melancholic patients' histories, however, mentions suicidal behavior. During that same period, fifty-four white patients (twenty-six men, twenty-eight women) entered the South Carolina facility presenting with suicidal histories or



6 What is his or her religion? Answer. Episcopalian.

7 What is his or her natural disposition—cheerful or melancholy? Answer. Cheerful.

8 Where was he or she born? Answer. Pleasant Long Island S. C. N. Y.

9 How many children has the patient? Answer. 5

10 What is the age of the youngest? Answer.

11 What are the habits of the patient—temperate or intemperate? Answer. Temperate.

12 Has he or she been insane before? If so, at what age, and what was the duration of the attack? Answer. Never before.

13 What is the date of the present attack? Answer. Showed symptoms first, on July 4. 1887

14 In what way is the disease exhibited? Answer. in abbreviations of words, and in mental delusions.

15 What are the particular propensities and delusions of the patient? Answer.

16 What is supposed to have been the immediate cause of the disease? Answer. Disappointment in love.

17 What circumstance may have previously tended to produce insanity? Answer. Predisposition from inheritance.

18 Have any of the patient's relatives ever been known to be insane? If so, state the degree of relationship. Answer. His Mother was insane just previous to his birth.

19 Is the disease joined with epilepsy or palsy? Answer. no.

20 How long has the patient been insane on the present occasion? Answer. about a week.

21 Did any bodily disorder precede this attack? If so, state its nature and duration. Answer. no.

22 If the patient be a female, be particular in stating the duration and nature of any irregularity or obstruction of the menstrual functions? Answer.

23 Did the present attack occur in childbirth, during pregnancy, nursing, or any nervous excitement? Answer.

24 Has any obvious change in its form occurred? Does it appear at stated or uncertain periods, or to be increasing, declining or stationary? Answer. no.

25 Is the patient restless, sleepless, wandering, violent, destructive or noisy, by day or night? Answer. He sleeps well at night, but restless & excited in the day.

26 Has the patient ever attempted or threatened to commit suicide? If so, by what means? Answer. Said. Those expressions of the at. nature, made no attempt to.

27 Has the patient received any treatment for the present attack? If so, state what remedies were employed. Answer. no.

28 What is the name and post office address of the patient's nearest relative or friend, with whom the Superintendent of the Asylum can correspond? Answer. J. St. Julien Ravenel (His Father) Charleston S. C.

Figure 10 The South Carolina Lunatic Asylum appears to have begun using standardized admission or patient history intake forms around 1860 that were revised and expanded from time to time. This particular form came into use around the mid-1870s. Courtesy of the South Carolina Department of Archives and History, Columbia, South Carolina.

ideation. An equal number (eleven) of the suicidal white women were diagnosed with mania as with melancholia; mania and melancholia account for 39 percent each of the diagnoses of white female suicidal patients. The same pattern emerges for white male suicidal patients: six received diagnoses of mania and five of melancholia (ten were assigned no diagnosis at all, compared to only three for women). White suicidal patients were diagnosed about equally with mania and melancholia in contrast to black patients, who rarely were diagnosed with melancholy. African American patients, nonetheless, did arrive in Columbia with suicidal histories in the 1870s; they simply were not classified as melancholic. Eighteen non-white patients' medical histories contain references to suicidal activity or propensity, or attempts at self-injury, but not one of these patients was classified as melancholic, even though quite a few were described as having melancholic temperaments. Most African American patients, including the suicidal ones, were diagnosed with some form of mania; a few were believed afflicted with dementia, and one was believed suffering from delusional insanity.[115]

The pattern of overwhelming frequency of mania diagnoses coupled with the rare diagnosis of melancholia among black asylum patients at the South Carolina asylum was replicated throughout the South. The superintendent of the Eastern (Colored) North Carolina Insane Asylum reported that of the eighty-one patients admitted in 1884, forty-eight, or 59 percent, presented with mania compared to only fourteen, or 17 percent, diagnosed with melancholia.[116] A study of the diagnoses of inmates of the Central Lunatic Asylum in Petersburg, Virginia, over a longer period yields even more skewed results. Kirby Ann Randolph examined the annual reports of the Virginia asylum from 1874 to 1881 and for the year 1884–85, during which time the facility admitted 1,570 black patients. Of these, over one thousand, or about 67 percent, were diagnosed with either chronic or acute mania. Only fifty-one, about 3 percent, received the melancholy diagnosis.[117]

Caregivers rarely diagnosed African American patients as melancholic despite evidence of suicidal activity and/or depression. Take the case of sixty-year-old Robert Gardner of Allendale, South Carolina, normally a man of cheerful disposition. The father of ten became grief-stricken when a daughter, of whom he was quite fond, died, an event that propelled Gardner into a "state of great mental depression." He began wandering about "in an aimless manner" and, more seriously, attempted to take his own life several times, by hanging, stabbing himself, and cutting his throat, which left him with a scar across his neck. Despite indisputable evidence indicating a history of depression and identifying grief as a trigger of self-injury, Gardner's diagnosis was determined to be dementia, not melancholia. The dementia diagnosis was likely shaped by several factors: one, his advanced age; two, a report of

delusional behavior; three, acknowledgment that the death of a family member rendered him stricken with disabling grief ran counter to whites' racialized ideas about blacks' nature; and finally, four, a diagnosis of melancholia would have challenged widespread beliefs that blacks were invulnerable to melancholy.[118]

Caregivers exploited a distinction between melancholic temperament and melancholia as a form of insanity to withhold from suicidal African Americans a diagnosis of a depressive disorder. Quite a few black patients manifested melancholy dispositions, but they did not receive a melancholy diagnosis. Even though Stephen "Jockey" Wright, a twenty-two-year-old African American from South Carolina, had become "extremely melancholy" in the previous two years and had attempted to procure poison "repeatedly" for the purpose of "self-destruction," asylum officials pronounced him suffering from dementia when he was admitted in 1878.[119]

Asylum physicians privileged certain diagnoses for black males over others. Violent and uncontrollable behavior, even when directed toward the self and in the presence of depressive disorders, led doctors to diagnose African American male patients with a form of mania. Forty-five-year-old Harvey Jackson, a blacksmith from South Carolina, had experienced convulsions for years, which were believed to have been the direct cause of his insanity. In early 1879, he had become "dangerous and annoying to his family and community" and was no longer controllable. Even though he possessed a melancholy disposition and attempted suicide once by cutting his throat, the physician at the asylum diagnosed him, not as melancholic, but as an epileptic maniac.[120] Charles Johnson, too, had attempted suicide. He tried to hang himself. He had been showing signs of insanity for a few years, but his symptoms worsened in the two months before institutionalization. He had become violent, dangerous, and delusional, imagining that he had "a good deal of money." No diagnosis is recorded for Johnson, but one set of patient records failed to even include his suicide attempt, suggesting caretakers were more concerned about his violent and delusional tendencies.[121] George McMichael was deemed manic upon admission to the South Carolina asylum in 1877. He had been very violent toward others and himself, jumping into a well in an unsuccessful bid to commit suicide. He further alarmed family members when he tried to locate an axe with which to kill himself. The forty-five-year-old suicidal laborer was diagnosed with mania.[122]

Of the four most common classifications of insanity at the mid-nineteenth century—mania, melancholia, dementia, and idiocy—mania was considered the most violent and dangerous illness and the least likely to respond to treatment. Mania symptoms could include any of the following: a penchant to destroy things, rage, violent anger, extraordinary strength, sleeplessness,

self-destructive behavior, poor judgment, delusions, excitability, mischievousness, distractibility, flight of ideas, impulsivity, pressured speech, and heightened sexual excitement and activities.[123] Manic symptoms exhibited by mentally ill blacks meshed perfectly with the Southern white narrative of relapse and degeneration of former slaves after emancipation. According to this theory, blacks were unfit and ill-equipped to live without the guidance and protection of their former masters. Throwing off the yoke of slavery, African Americans reverted to savagery and unleashed emotions that manifested in the very behaviors that were landing them in the insane asylums. By nature, blacks were easily aroused and excited by religious, sexual, emotional, and political stimuli; they were inclined to indulge in excess. The ones who found it most difficult to modulate their moods or sufficiently control their base instincts posed a danger to themselves, their families, and their communities and so had to be constrained in asylums.[124]

Even when African American patients were noted to have possessed melancholy dispositions, caregivers avoided assigning diagnoses of melancholia, emphasizing instead the symptoms of mania, namely violent and uncontrollable tendencies. King Sanders, for instance, was a middle-aged farmer who had a sudden, inexplicable onset of aberrant behavior, manifested by significant violence toward others and at least one attempt to cut his own throat. Patient notes include his claim that he had had five hundred bales of cotton stolen from him. While the quantity of bales stolen seems unlikely, theft of even just a few bales may have triggered the mental lapse.[125] Robert DeGraffenreid was a twenty-two-year-old laborer who had become so violent and unmanageable that he had to be restrained with handcuffs or chains. He was delusional, claiming to act "under the commands of God in all that he does." He proved to be a danger to himself as well when he attempted to hang himself. DeGraffenreid was diagnosed as manic; the cause was uncertain but was possibly "jealous excitement."[126] Intemperance was believed to have driven Thomas Allston "raving mad" in 1875. The forty-five-year-old carpenter attempted to take his life by drowning.[127] Only one black male, Westley Owens, was labeled as melancholic, but there is no evidence that he was suicidal.[128]

A racialized construction of suffering, mental illness, and suicide emerged out of emancipation and the war. Diagnosing suicidal blacks as manic and whites as melancholic allowed white Southerners to withhold empathy for suffering African Americans (or to deny they suffered, or blame suffering on their emancipation), while extending it to fellow whites. Southern blacks, according to the retrogression theory, devolved into madness and mania after re-

ceiving freedom. They became violent, wielding axes and knives and banging their heads on the wall, threatening their family members and themselves; they were obscene, noisy, and profane. White Southerners (and other white Americans) continued to deny that African Americans took their own lives: they did not form deep enough attachments (like whites did) to be driven to suicide by loss of loved ones. According to an assistant physician at the Government Hospital for the Insane in Washington, D.C., their "sorrows and anxieties are not staying in quality and do not make a sufficiently lasting impression on them to create a desire to end their life." They also lacked the courage and "steadiness of purpose" necessary to destroy themselves. Freedmen and freedwomen possessed an "inherent horror of death" due to their "gruesome imagination" that served to check suicidal impulses.[129] In this constructed racialized narrative, African Americans were constitutionally incapable of experiencing the same emotions as whites, who had higher expectations and so could be disappointed more readily and who possessed more refined sensibilities, greater sensitivity, and more committed, deeply loving relationships. Depression, remarked a Southern asylum superintendent, "is rarely encountered [among blacks] even under circumstances in which a white person would be overwhelmed by it."[130] On those rare occasions when black suicide came to the attention of whites, usually in institutions, it was submerged in a diagnosis of mania, a bestial madness borne of freedom. Anxiety and melancholia had thus become markers of whiteness, emblems of progress and civilization. White Southerners who turned to suicide did so because they had suffered loss, not because they were flailing and out of control. Melancholy had become a white diagnosis, as had one of its manifestations, suicide. The mania-melancholy duality furthered white Southerners' efforts to denote racial difference and, importantly, to deprive freedpeople of their humanity while reworking their own identity.

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PART III

Confederate Men and Women in the Aftermath of War

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Chapter 5

The Accursed Ills I Cannot Bear

Confederate Veterans, Suicide, and Suffering in the Defeated South

> In every war in which American soldiers have fought in this [twentieth] century, the chances of becoming a psychiatric casuality—of being debilitated for some period of time as a consequence of the stresses of military life—were greater than the chances of being killed by enemy fire.
>
> —Richard A. Gabriel, *No More Heroes*

Civil War veterans, like veterans of modern wars, contended with the emotional and psychological impact of military experiences, which hindered readjustment to civilian life after the war.[1] The historical record leaves no doubt that Confederate veterans suffered from an array of emotional and psychological ailments, including post-traumatic stress disorder (PTSD). Returning soldiers exhibited a variety of symptoms that today are readily associated with combat stress: despondency and detachment, anxiety, sleeplessness, mania, violent behavior, irritability, delusions and paranoia, hypervigilance, depression, and alcoholism.[2] These combat-related symptoms in turn contributed to social pathologies like domestic turmoil, an uptick in violence, alcoholism and drug abuse, and incarceration. In severe cases, Confederate veterans afflicted with psychological distress ended up in asylums and/or engaged in suicidal behavior.

The physical and psychic costs of war and defeat contributed to a crisis of manhood in the former Confederacy. Southern men and boys had gone off to war convinced of their individual and national invincibility and superiority.[3] They returned home, many of them, physically and psychologically impaired, jarred by defeat, and despairing for their fledgling nation that lay in ruin. As men steeped in honor culture, surrender was hard to swallow. Moreover, soldiers and civilians alike had been transformed by war—and defeat. Gender roles had been upended; the edifice of paternalism lay in tatters. Men returned to their families expecting to lead the return to normalcy: they would pick up the plow lines, repair fallen fences, shoe the horses, negotiate with creditors. They would relieve their wives, who had stepped in as wartime

household heads, and get to know their children anew. But much had changed, including the end of slavery. Mastery would need to be reconfigured and redefined, households and families rebuilt. How would Southern men redefine themselves in this New South when the terms were so very different from when they first took up arms?

Confederate veterans returning home also faced the expectations of their families, communities, and, most importantly, themselves. Would they be able to readjust to civilian life? How would they manage the emotional scarring and physical wounds in a society that venerated corporeal and temperamental prowess and strength, and in a culture that insisted men repress their anxieties and fears? Modern scholars of combat stress caution that veterans' ability to manage their trauma exposure is tied to many variables, including the cultural norms and expectations of the society to which they return. These "cultural signs, systems, and beliefs" shape the meaning of their suffering.[4] The cultural proscription against men acknowledging, let alone articulating, fear, anxiety, or depression bequeathed veterans few productive outlets for their emotional suffering and rendered many veterans in pain ill-equipped to face the responsibilities of provider and protector and fulfill the roles of father and husband. So when they failed—through an inability to secure employment, by becoming reliant on their wives for financial support, or being unable to navigate a world without slave labor—disturbances and acrimony often seeped into households and communities in the forms of alcoholism, violence, domestic abuse and discord, and suicidal activity.

Readjustment to civilian life proved arduous under the best of circumstances as soldiers, changed indelibly by war, struggled to reconstitute their marriages, families, and communities. Confederate veterans afflicted by war trauma faced additional challenges including returning home to find widespread physical devastation and financial ruin that impeded readjustment to civilian life and compounded their emotional and psychological distress.[5] Many soldiers returned to find their dwellings demolished or in ashes, their fields in ruin.[6] They also faced defeat, unlike Union soldiers, who returned home victorious. By contrast, Southern soldiers limped home in humiliation.[7] Their chief form of wealth, slaves, had been stripped from them, along with suffrage and political rights. They were a subjugated people. Many a Southerner, like young Susan Bradford, witnessed the bittersweet homecoming of male relatives and commented on the demoralized and dejected demeanor of soldiers returning to her neighborhood: "I sit here and wonder, wonder if all the dear 'men in gray' feel as crushed and disconsolate as these? . . . Will they ever be able to forget?"[8]

Bradford could easily have been describing John Mangham, a Confederate captain from Georgia. Like many of his comrades, by war's end he had

become despondent, withdrawn, and physically weak. Just days after Lee's surrender, Mangham entered the state asylum. The father of four had served in the Confederate army until January 1864. It was not until that fall, though, that he began manifesting mental illness. Asylum officials nodded to the "anxiety and excitement growing out of the state of the country" as an explanation for his symptoms: he slept little, was feeble, and was gripped with the kind of physical and mental despondency that today would be attributed to PTSD.[9]

Medical practitioners in the mid-nineteenth century, of course, knew nothing about PTSD, so they did not interpret depression, restlessness, nightmares, or extreme anger by ex-soldiers as war related. Yet there can be no doubt that much of the pathology exhibited by many Confederate veterans was linked to the trauma of war and its fallout. The historical record reveals a pattern of post-traumatic psychopathology among veterans like John Mangham that played out in Southern homes and communities, impeding soldiers' ability to readjust to and reintegrate into civilian life.[10]

White Southerners widely reported on the malaise gripping ex-Confederates following the defeat of the South, but other, more serious manifestations of the psychological toll on soldiers can be noted as well. One measure of that perceived spike in war-related mental illness was the increased number of applicants to insane asylums. Following the war, a general impression existed that war-related "insanity" was on the rise in the South.[11] The South Carolina correspondent for the *New York World* claimed in July 1865 that Southerners had gone "mad by the dozens," as evidenced by the full asylum in Columbia.[12] Asylum directors throughout the South sounded the alarm about new pressures placed on existing facilities after the Civil War. The board of directors' president at the Eastern Lunatic Asylum in Virginia confided to his governor in 1870 that insanity had increased since the war. Jails throughout Virginia, he reported, bulged with the mentally ill not fortunate enough to land asylum beds, signaling the need to enlarge the asylum.[13] Even before war's end, the head of the North Carolina asylum had grown concerned about the need for a dedicated insane asylum for Confederate soldiers based on the recent admissions of soldiers to that state's institution. Nodding to the war as the cause he opined, "Among the countless evils of this great strife, our noble Asylum is struggling to alleviate the sorrows of the unfortunate insane."[14]

Even though Southern "lunatic asylums" welcomed scores of former soldiers after the war rarely did asylum caregivers correlate an inmate's mental impairment to his military service. When they did, they usually sought somatic explanations, such as gunshot wounds or exposure to the elements, to explain veterans' irrational or aberrational behavior. Take the

case of twenty-five-year-old James Wellborne, a South Carolina farmer institutionalized in 1871 due to acute mania, believed to have been caused by "exposure" while in the army, not by the military experience itself.[15] Unaware that a soldier's lived experience could cause mental debility, family members and asylum workers alike looked for tangible explanations, like exposure or physical injuries.

Overwhelmingly, Southern veteran asylum patients presented with histories of violence, often committed against family members and sometimes themselves. Violent men jeopardized family and community stability and safety while hampering the transition to peacetime. When families could no longer control their volatile male family members, they turned to asylums as a last resort, including the asylum in Milledgeville, Georgia, which saw its fair share of ex-soldiers come through the doors. Thirty-three inmates admitted from April 1865 to June 1872 can be identified as having served in the Civil War.[16] Of these, twenty-five were described as violent or very violent or had attacked or assaulted persons, many of them family members. The postwar South had no monopoly on violence, of course. Violent behavior permeated large swaths of postbellum America. Eric T. Dean Jr.'s sample of Indiana veterans, for example, found that 40 percent attempted or committed violent acts, while another 21 percent threatened violence.[17] The small sample of veterans at the Milledgeville asylum suggests a higher rate of violent behavior, about 76 percent.

Witness the story of Alabaman William James, who showed the first signs of derangement a few months after the war ended. Prior to his discharge in April, James had been confined at Camp Chase in Ohio, where he was afflicted by chronic diarrhea. Upon his return home his mind became "much disordered." James persevered nonetheless and put in a good crop that fall. Less than a year later, though, he exhibited menacing behavior, threatening the life of his father, among others. He also threatened arson and endangered his own life by jumping into a well. Asylum officials noted that while James had been a masturbator and used tobacco in the past, both commonly associated with insanity in males, it was believed he had abandoned both, implying they were unsure of the causes of his debility.[18]

Trauma-afflicted veterans directed much of their menacing rage toward family members, making reintegration challenging. After repeated attempts on his father's life, James Payne from Georgia was institutionalized. Actually, he was sent home from the army in 1863 because "his mind became affected." In time, his behavior grew worse. Payne became "uncontrollable." Payne's family, like the families of other psychologically disturbed veterans, had him incarcerated in the local jail to contain him. Four years later, after a foiled escape attempt, his family finally committed him.[19]

Sometimes acts of violence grew out of delusional paranoia, the type typically associated with severe cases of PTSD. John Williams manifested classic post-combat symptoms including hypervigilance when he entered the Georgia asylum in 1871; he was "constantly frightened," apprehending injury. In fact, he had been wounded several times in battle, so his display of post-war psychological startle is consistent with his extensive medical record. Chronic fear, especially the fear of being killed, is a common delusion that plagues combat veterans. Acting on delusions that others were trying to harm him, Williams seriously injured his imaginary attackers, while at other times he begged people to kill him to free him of the constant dread that plagued him day and night. In an agitated state, Williams succumbed to the delusions and eventually cut his own throat.[20] Forty-year-old Joseph Pearman, a harness maker from Petersburg, shot himself in the head in 1875 after protesting that "someone was coming out from the city to kill him." Suicidal, depressed, troubled, and restless, Pearman had recently separated from his wife, prompting speculation that "domestic infelicity" was to blame for his altered state of mind.[21]

Family members attempted to restrain menacing male relatives at home as long as possible. Sometimes years elapsed before mentally ill veterans, like Neal Story, received treatment at a residential facility. Story had exhibited "peculiar" behavior during the war. A teen at enlistment, those around him remarked that he was "wanting in his former energy and activity." After the war, Story worked as a farmer. Symptoms did not worsen until the summer of 1872, when he complained of "feeling badly" and that "his mind" was "sometimes temporarily not right." Outbursts of violence ensued; Story threatened to kill family members and to burn down the house. Those spurts of violence were short-lived and only occasional, but by the following spring, his violent behavior necessitated constant restraint. In fact, he had been confined for four months in a log cabin built expressly to confine him. When he arrived at the Georgia asylum in April 1873, he was listless and disinclined to move or talk and ate and slept erratically.[22]

Confederate veterans in a state of emotional turmoil frequently threatened the safety of those closest to them, but many former soldiers turned their rage inward and responded to their emotional agony by resorting to self-injury. Suicidal behavior, an indicator of PTSD, occurs at a higher rate among veterans than the civilian population. In one study of Vietnam veterans suffering from PTSD, for example, one-fifth of the cohort had made suicidal attempts and another fifth was preoccupied with suicidal thoughts.[23] Lack of data precludes a quantitative study of suicidal behavior among Confederate veterans, so no systematic study on suicide and Civil War soldiers exists. Eric T. Dean Jr.'s sample of Indiana Civil War veterans, though, is suggestive.

Dean found that 51 percent of the men either attempted or completed suicide or were suicidal.[24] The sample of patients identifiable as veterans at the Milledgeville asylum reveals that about one-third of those hospitalized from 1865 to 1872 were suicidal. Note, however, that Dean's Indiana veterans were tracked well into the twentieth century, over a much longer period of time, so the Georgia figure of 30 percent is most certainly low.[25]

Anecdotal accounts and asylum records substantiate significant suicidal activity among Confederate veterans. The case of Albinus Snelson epitomizes the suicidal spiral of a former soldier after the war. Snelson's demise began during the war shortly after the teen enlisted and earned him an early discharge and, later, entry into the Milledgeville asylum. He made clear his intention to destroy himself and, while in the asylum, tried to burn himself and several times attempted to throw himself out of windows. After years of a recovery-and-relapse cycle peppered with multiple suicide attempts, Snelson finally succeeded in ending his life in August 1871 by ingesting strychnine.[26]

Institutionalization ensured a paper trail of an ex-Confederate's mental collapse. Not all troubled veterans documented their decline in medical records. Completed suicides of former soldiers regularly appear in Southern newspapers, such as the Richmond newspaper that struggled to explain the suicide, a "very deliberative" act, of William T. Davis in May 1872. The puzzled reporter posited that Davis had never shown any "aberration of mind" that would contextualize the violent death for his readers, although Davis had expressed suicidal wishes often; he "frequently avowed his intention of killing himself." While the newspaper disavowed knowledge of motivation for Davis's suicide, his service record, while devoid of any obvious markers of trauma, may provide clues. Davis enlisted in the 4th Virginia Cavalry in 1861 and served for the duration. He suffered from a bout of typhoid fever later that year and convalesced at home before returning to duty. In June 1862, he was promoted to second master sergeant but became ill again later that year. Nothing further appears in Davis's service record until he was paroled after being captured (or surrendering) at the end of the war. There is no evidence that he was taken prisoner or suffered serious injury. Yet seven years later Davis tied a string around his foot, attached it to the trigger of a double-barreled shotgun (somehow managing to fire both barrels simultaneously), and shot himself in the head.[27] Richmond newspapers reported on the suicide of a man who may have been a Confederate veteran. An Alabama "gentleman" blew out his brains in the city in 1867 by placing the muzzle of the gun underneath his chin and firing with his foot. Identified as thirty-year-old merchant D. M. Crawley, the Alabama native had taken up residence in the area "since the close of the war."[28] In August 1866, just a little over a year after the war ended, thirty-five-year-old Edward Weeks from Petersburg, Virginia, approached

his eleven-year-old son, George, kissed him, and told him good-bye, explaining that he would not be with him another night. That evening, Weeks's wife, his second, whom he had just married the year before, witnessed him taking morphine pills. As soon as her husband fell asleep, she sent for physicians, but they failed to save Weeks, who succumbed to the overdose.[29]

When Confederate veterans killed themselves, rarely did witnesses or reporters attribute the incidents to the psychological scars of war. One notable exception was the case of a thirty-eight-year-old Irish grocer from Lynchburg, Virginia, who cryptically hinted to friends that his suicidal impulse emanated from his experience in combat. C. N. "Neal" Shannon remarked that he had witnessed a member of his company get "shot through with a cannon ball." He wished to die that way, too. Shannon got his wish, sort of, as he shot himself in the head with a five-shooter after staying up all night playing bagatelle.[30]

A propensity for self-injury among Confederate veterans did not always prove fatal. John Sharpe ended up in an asylum in 1866 after he savagely beat one of his own fingers upon claiming to have been assaulted by nine "railroad men" after the war. The attack on Sharpe came on the heels of being taken prisoner by Sherman's troops for about six months, during which time he was "very badly treated." Sharpe's self-mutilation landed him at the Milledgeville asylum.[31] Sharpe had been admitted earlier, during the war, when he threatened to cut his own throat, but was released several months later. One of Sharpe's fellow inmates in 1866 was J. F. McCrary, a twenty-two-year-old veteran from Georgia, who threatened violence against others but also attempted to hang himself.[32]

Extreme reactions to war trauma like suicide were not always generated by exposure to battle. Men, many quite young, were thrust into unfamiliar circumstances that required steely comportment and quick decisions under pressure. Some faltered under the strain and left the military dishonored by their public missteps, which likely followed them home after the war. Thomas Peters's tragic, self-inflicted death in 1866 seems linked to his short-lived but failed stint as a Confederate officer. Peters enlisted at age nineteen in a light artillery unit from Tennessee and was promoted quickly, despite his youthfulness, to lieutenant, but he left the army in 1863 shortly after enlisting, ostensibly for medical reasons. He received a disability certificate due to "intermittent fever" and "disease of the genital system," as well as great "mental anxiety." Granted a sixty-day medical furlough, Peters did not return to duty and so was considered AWOL. The captain of his unit complained that from the time Peters arrived in January 1863 until October of that year, ill health kept him from active duty for all but two weeks. As a result, the commander, W. L. Scott, frustrated with Peters, requested a board review of his

performance in order to "relieve the army of disqualified, disabled, and incompetent officers." Another officer named Polk, however, lobbied for an honorable discharge, claiming that Peters was incapacitated in Arkansas and assured others that Peters had indeed supplied the proper paperwork substantiating illness. Polk attested to Peters's "gallantry" in the field, possibly stipulated as a result of questions about his bravery, and recommended that the young officer, gravely ill, be honorably discharged so that he could be nursed and die at home. General Braxton Bragg, head of the Army of Tennessee, declined to review Peters's case, stating that he was clearly AWOL and so could be dismissed by general order instead. Peters's military record, thus, was tainted and likely dogged him after the war and may have played a role in his suicide in Memphis in April 1866, although the newspaper reporting his suicide made no mention of his blighted military record. The biggest clue, however, that wartime events contributed to his death was that before he shot himself behind the ear, he dressed in his full Confederate officer's uniform.[33]

Another form of self-destructive behavior among Confederate veterans was alcohol and drug abuse. Today alcohol and drug use by soldiers and veterans is understood as an attempt to self-medicate, to numb oneself from the traumatic memories of warfare, but in the nineteenth century, substance abuse, especially alcohol, was viewed, not as a symptom of mental illness but rather a *cause* of mental illness.[34] Veterans who drank excessively were usually diagnosed by asylum caregivers as intemperate, which was then attributed as the cause of insanity. Nineteenth-century medical professionals looked no further than intemperance, widely regarded as a moral failing, and therefore did not consider that war-related conditions may have precipitated or aggravated the alcoholism.

Postwar Southerners noted the rise in alcohol use and abuse, which they affiliated with war-related suffering. One South Carolinian writing in 1877 noted that after the war "Southerners were driven to drink deeply by their misfortunes" and that "drunkenness (with all the family misery it entails) is deplorably prevalent to this day."[35] Excessive drinking by Southern men has been well documented in the antebellum period, but after the war Southerners believed it was on the rise because of the Civil War and its aftermath.[36] Maria Louisa Fleet, writing in January 1867, characterized the men of King William County, Virginia, as "dispirited" and believed them "drinking very hard."[37] Ex-Confederates turned to alcohol to escape an array of societal and personal problems after the war. Virginia Turnstall Clay grappled for years with her husband's postwar drinking. Clement C. Clay, a Confederate senator, had been arrested and imprisoned for nearly a year at war's end. The loss of the war, coupled with his personal financial burdens, greatly depressed him, and he turned to drinking.[38] Ella Gertrude Clanton Thomas of North

Carolina weathered her husband's brooding and immobilizing depression after the war that was almost certainly exacerbated by a drinking problem.[39]

Whether alcohol abuse in the postbellum South can be attributed to post-combat disorders or to the depressive malaise that engulfed the region during Reconstruction, more Southerners, especially men, imbibed excessively. Evidence that alcoholism emerged as a postwar psychosocial pathology is seen in the significant number of Southern asylum inmates admitted with extensive alcohol and drug use, which was seen as unrelated to the war. Rather, alcohol use itself was viewed as a cause of insanity. Asylum caregivers failed to consider that veterans' drinking habits might have been linked to the stress and anxiety from combat experience. Drinking, and not a two-year stint in the Confederate army, explained veteran B. W. Johnson's unbalanced state of mind. Officials admitting the former soldier to the asylum attached his erratic and violent behavior—including shooting someone "simply because he had the same name as the Prophet Daniel"—to drink. Admission records described Johnson's alcohol consumption as excessive; he drank a quart of whiskey at a clip.[40] Caregivers at the Georgia asylum also seemed oblivious to the service record of Hugh Lewis, though they conceded that when he returned after the war, "his mind was somewhat affected." A recent (postwar) indulgence in liquor had made him excited and violent, followed by an "apathetic condition in which he [was] indisposed to notice anything or to speak very rarely."[41]

Even though neither laypeople nor medical experts correlated alcohol abuse among veterans to their military experiences, the Civil War as a referent for the onset of heavy drinking in patient histories is indirect evidence of the connection between drinking and combat experience. The medical records of William Dickson focus on his recent habit of drinking as the cause of his admission to the asylum. A closer reading reveals that his mood had become markedly depressed by war's end, predating his alcoholic binges, and in all likelihood contributed to his alcohol abuse. An enthusiastic volunteer, Dickson "entered into the struggle with all the zeal and earnestness of his impulsive nature," serving as captain in the 63rd Georgia Regiment. By the close of the war, his exuberance had yielded to melancholy, as he had become "deeply chagrined and depressed." For the first time in his life, the twenty-five-year-old turned to alcohol and drank excessively.[42] Patient Dr. Lewis D. Faver had been a non-drinker until the war, when he began drinking heavily. At age thirty-eight, the physician was declared insane and institutionalized in 1873.[43] Anna Maria Green, the daughter of the superintendent of the Georgia Lunatic Asylum, met her future husband there while he was a patient receiving treatment for inebriation. Samuel Austin Cook had served as the commissary sergeant at the infamous Andersonville prison, home to what one

Union surgeon called "the most abject, pitiful mass of humanity the mind could conceive." Cook proved to be "gentlemanly, [a] well-behaved young man"—except when he drank, which sometimes prompted serious acts of violence.[44]

The incapacity to comprehend the impact of emotional trauma on a soldier's psyche, coupled with the lingering association of alcohol use with immorality, blinded caregivers and family alike to the root cause of Confederates' mental anguish, war. Intemperance became an easy, shorthand explanation for insanity, as in the diagnosis of George N. Washington. Admitted to the asylum at Milledgeville in April 1867, Washington had been symptomatic since his return from the war. While intemperance was blamed, records show that Washington suffered head trauma on several occasions, once the consequence of standing too close to the detonation of a cannon. Like many alcoholics, Washington had become violent as well as suicidal.[45] John Steele ended up in the Georgia asylum just months after the surrender at Appomattox. He was not suicidal, but rather predisposed to commit acts of violence. His insanity was blamed on the twin sins of masturbation and "excessive use of ardent spirits." No mention appears in the medical record of his having served in the Confederate army, even though he enlisted in 1861 and served for the duration. As a soldier, he spent time in hospitals, once for an undisclosed wound, another time for scabies. He was captured near Gettysburg and held as a POW for nearly a year. Like many veterans struggling after the war, he turned to drink, which fueled his violent outbursts.[46]

Postwar Southerners decried the high social cost of intemperance that too often led to death, sometimes in the form of suicide. A postbellum suicide in 1871 linked to drunkenness prompted a letter to a Virginia newspaper prodding Richmond city officials to utilize jails to detain drunks because so many go on to commit suicide. The "habitual use of mean whiskey" was giving rise to "many suicides." If something was not done, "suicidal mania" would grip the city.[47] Similar concerns arose in Atlanta when Henry Grubb attempted suicide in that city in 1873. Grubb cut his throat, but not fatally. His "rash act" was blamed on "recent spells of drinking, coupled with lack of employment." Only twenty-four at the time, Grubb probably would have been too young to have participated in the war, but the carpenter had difficulty finding work in the postwar era and, like so many others, found solace in a bottle and, under the influence, tried to kill himself.[48]

John Garrett, a veteran, arrived at the Georgia asylum in 1872 presenting with neurological, psychological, and sociopathological symptoms, as well as a drinking problem, all common signs of adjustment issues for soldiers, though the connection to war went unnoticed. He had been in the army and at some point during the war developed "epileptic convulsions," which care-

givers attributed to intemperance. Seizures take many forms and can be triggered by myriad factors, but their onset during the war might augur a causal connection, either as a psychological or physiological response. Some PTSD sufferers experience dissociative seizures, which are precipitated by traumatic events.[49] Alternatively, Garrett may have suffered a concussion, or a series of concussions, on the battlefield, which could explain his "convulsions."[50] Caregivers, though, again conflating symptoms with cause, privileged intemperance. Garrett's indulgence of "alcoholic stimulants" to "great excess," another sign of maladjustment to civilian life, could well have arisen in an attempt to self-manage his postwar condition. Garrett's admission report also revealed that he had separated from his wife and family. Family breakups are common in households with men suffering from war trauma, and because the record also explains that Garrett was "disposed to fight," the Garrett household was likely violent, which may have prompted his exit from the household. Garrett died in the asylum three years later.[51]

Less commonly than alcohol, though just as addictive and destructive, Confederate veterans sometimes abused opium. Before the war, opium users in the United States, primarily women, were vastly outnumbered by consumers of alcohol, abetted by an abundance of cheap whiskey. By one estimate in the 1820s, there was one opium "eater" per thousand drinkers.[52] After the Civil War, many, like Horace B. Day, believed that the war had contributed to the recent uptick in opium users. "The events of the last few years have unquestionably added greatly to their number. Maimed and shattered survivors from a hundred battle-fields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those who were dearest to them, have found, many of them, temporary relief from their sufferings in opium."[53] Whether or not the Civil War triggered increased opium use, opium addiction became more visible in the 1870s.[54] With the increased visibility of opium addiction, the demographics of the users shifted from women to men.[55] Wounded veterans, like A. G. Ewing, sought relief from physical suffering through opium. For a decade, Ewing relied on opium to alleviate pain following the amputation of a leg during the war, a reliance that led to an addiction and eventually to his death. The former cavalry officer killed himself by inhaling chloroform, according to one account. Another blamed an opium overdose. Either way, the reports concur that he had become addicted to opium following his release from the Confederate service.[56] Opium addiction landed Robert C. Brown, a forty-five-year-old farmer from South Carolina, in the asylum in Columbia in 1868.[57] Such was the fate of John Sitgreaves Green, too. The wounded veteran turned to opium and then alcohol for pain relief. Addiction followed, and he was institutionalized in 1877.[58] Lafayette F. Beach, a former Confederate soldier

and opium addict, likely committed suicide in New York City in 1881. Reportedly, he had on several occasions tried to kill himself by overdosing on opium.[59]

Substances like alcohol and opium produced or exacerbated mental health issues, of course, but they also contributed to suicidal activity by diminishing inhibitions against self-harm. The capacity veterans found to kill themselves in a drunken stupor eluded them in sobriety. Thomas Jenkins, a mechanic living in East Selma, Alabama, committed suicide in 1873 by ingesting laudanum. The newspaper account surmised that he had been made "crazed and desperate by the whisky."[60] Clark Brown, a carpenter from Louisville, intentionally drowned himself, also "while crazed with whisky."[61]

Substance and alcohol abuse by veterans also hindered their ability to secure and maintain gainful employment after the war. The inability to hold a job jeopardized a veteran's ability to provide for his family, which initiated a cycle of depression and stress that often fueled marital and familial discord, compounding problems that veterans faced after the war. John E. Jackson, twice captured during the war, had lapsed into "gloomy and depressing melancholy" after he had been fired from his railroad job in July 1873 for intemperance. He ended his life by shooting himself in the chest with a "duck gun." Addie Jackson, the deceased's wife, recounted how her husband openly talked about suicide and questioned her about which method of death would be "easiest." He opted for gunshot.[62]

Asylum physicians, as well as loved ones, may have been simply unwilling or unable to locate the cause of a veteran's aberrant behavior in his military experience and relied instead on simpler explanations of moral failing. Ascribing violence and erratic actions to drunkenness or addiction had the effect of safeguarding veterans from questions about their manliness. Rather than admit that Southern men had been emotionally damaged by their experiences in battle, a concession that likely would have impugned their masculinity, Southerners conspired, knowingly or not, to shield veterans' reputations and masculine selves. Drinking in excess or opium eating remained within the boundaries of acceptable male behavior; collapsing in consequence of soldiering, a form of cowardice, was not.

Southerners failed to grasp the causal connection between a veteran's mental debility and battle experience, with two noteworthy exceptions: soldiers who had been wounded or captured during the war. Postbellum Southerners could more easily comprehend an ex-soldier's psychological distress if it could be attributed to injury or blamed on horrific conditions in a Union prison camp, both of which fell outside the control of soldiers. Quite a few asylum patients

or suicide victims had been held as prisoners of war or suffered from war-related injuries, which medical practitioners and laypeople understood contributed to their insanity.

Horrific conditions at POW camps had been widely publicized during the war: newspapers regularly printed accounts of indignities and atrocities, so Americans knew of the wretched state of prison camps. In particular, a bitter congressional debate in 1876 over amnesty for several Confederates raised the issue of conditions in both Northern and Southern POW camps, and received considerable attention nationwide.[63] After the war and throughout the nineteenth century, exposés on Northern camps appeared as former prisoners published recollections of their experiences. They described great physical and emotional suffering caused by exposure to the elements, rampant disease, rodent infestation, poor diets and starvation, overcrowdedness, boredom and inactivity, lack of privacy, and brutality by guards. Confederate POWs returned home emaciated, exhausted, and weak, the result of neglect, malnutrition, and disease, evidence of poor treatment by their Northern captors. A range of psychiatric symptoms among former prisoners soon indicated that rest and food alone would not heal the less apparent hidden wounds.[64]

Studies of modern prisoners of war offer insights about the conditions of captivity that can help explain why Southern POW survivors seem to have been at risk for psychiatric debility. POW experiences have varied widely, but share some features. Their capture usually occurs on top of the experience of war trauma, so they return home victims of both battle trauma and captivity trauma. Many have undergone torture, humiliation, isolation, loss of freedom, and extended periods of boredom and monotony and were subjected to total control, causing severe traumatization and contributing to very high rates of PTSD symptoms and for periods well past their release.[65] Studies of former POWs from recent U.S. wars indicate high rates (from 46 percent to 90 percent) of PTSD, with nearly one-third meeting PTSD criteria forty to fifty years after release. A significant percentage, 37 percent, of former twentieth-century POWs also suffer from alcohol abuse or dependence throughout their lives.[66] Researchers conclude that captivity produces "deep and abiding pathology," quite possibly because prisoners of war suffer the worst traumas experienced by humans.[67]

The pathologies attributed to modern POWs reflect the experiences of many Confederates held in Northern prison camps. Freed Confederate prisoners returned home with both the physical and psychic manifestations of trauma and abuse. Southerners often viewed former POWs as victims not responsible for their own suffering, a perception that was facilitated by shifting blame to Northern captors. Family members of former POWs regularly attributed the erratic or troubling behavior of their ailing male relatives to

their stints in Northern prison camps. Asylum officials and others therefore gave due consideration to the experience of captivity when assigning causation in insanity cases. Unlike other episodes of (likely) PTSD, which largely were blamed on moral failings and constitutional weakness, ex-prisoners who suffered psychologically often were viewed as victims of the former enemy. Of course, the belief that imprisonment explained aberrant behavior of former POWs could also privilege the impact of the physical effects of detention, primarily deprivation and exposure, rather than the lived experience itself.[68] For example, when former POW Tom Fershner was deposited at the Columbia asylum after the war, attendants ascribed his mental illness to the "effects of imprisonment."[69] Daniel Mullings also entered the South Carolina asylum shortly after the war, suffering from insanity due to "long commitment in one of the Northern prisons."[70] Iverson Holt was only nineteen when admitted to the Georgia Insane Asylum in 1866. At fifteen, he enlisted in Gordon's Brigade, was captured at Gettysburg, and was imprisoned for about six months. He returned to duty and was wounded late in the war. Holt survived and obtained a railroad job after the war, but for no obvious reason he left that job, wandered about aimlessly, and became excitable, noisy, and disposed to strip himself. The Macon native had only recently begun to talk about his army experience, implying a link between his erratic behavior and military service.[71]

The willingness to concede the psychological impact of the POW experience had its limits in nineteenth-century medical circles. Asylum caregivers could easily vault over a veteran's ex-prisoner status and arrive at a non-war-related cause of insanity. Michael Keenan, in his twenties during the war, had been shot in his right hip and taken prisoner following the Battle of Antietam, and after convalescing in a Baltimore hospital he ended up at Camp Douglas in Illinois, where he remained a prisoner for two years. Upon his return home, he was considered insane. Keenan's experience as a prisoner of war, his youthfulness, the extended time away from home, and his injury would be understood today as contributing to his debilitated mental state. Asylum officials, instead, blamed an injury from a fall and "domestic affliction." As a newlywed—he married during or immediately after the war—the physical and psychological wounds he carried home no doubt played a significant role in stoking "domestic afflictions" and not the other way around. Keenan was institutionalized shortly after his return home from service and died in the asylum five years later.[72] Alabaman William James had been held prisoner at Camp Chase for eight months prior to his April discharge and became symptomatic within two months after the surrender. About a year later, he entered the Georgia asylum after he had become violent toward

family members and himself, once expressing a wish to jump into a well. Asylum officials identified his bad habits of masturbation and tobacco use as responsible for his mental decline and saw no connection to his stint as a POW.[73]

Former Confederate POWs frequently show up in the historical record as suicidal. Allen Smallwood, imprisoned in 1864 in Indiana, manifested symptoms of insanity there. After the war, he exhibited suicidal tendencies, threatening to poison himself and cut his throat. Smallwood remained in the asylum at least through 1880.[74] Union forces twice captured Frank Clewell, a North Carolina native and officer in a Missouri Cavalry unit, the first time near Vicksburg in May 1863. He was held at Johnson's Island for nineteen months before being exchanged for a Union officer, but he was recaptured a second time in early 1865 and detained at Ship Island in the Gulf of Mexico until the end of the war. After his release, Clewell ended up in St. Louis, where he killed himself in April 1867 by taking an overdose of morphine.[75] Tennessean William G. Allen took his life in May 1880 at the age of forty-eight. A middling farmer, he had been drafted in 1862. Allen was captured by federal forces in September 1863 and remained a prisoner of war at Camp Morton in Indianapolis until he signed a loyalty oath in December 1864, so he languished in a POW camp for over a year. As prison camps went, Camp Morton was better than most in the North. Still, it suffered from severe overcrowdedness, scant supplies, shabby buildings, and disease. Limestone deposits contaminated the water supply, producing pervasive diarrhea. The winter of 1863–64, when Allen was a prisoner, was exceptionally cold, with temperatures regularly falling below zero. Swearing loyalty to the United States in exchange for his release from prison may have been a welcome bargain that ended the misery, though the deal probably was accompanied by feelings of humiliation and guilt at having to swear loyalty to the United States while denouncing the Confederacy. Fifteen months of confinement, deprivation, and watching the suffering of others surely left an indelible impact on Allen and other Confederate soldiers, from which many never recovered.[76] Henry Beckley of Virginia, a former colonel in the Confederate army, killed himself by taking morphine in September 1868. The news account implied that a gambling loss triggered the rash act, but underlying war-related causes assuredly played some role in his death. The lawyer had been a POW for the last nine months of the war. He had also suffered a gunshot wound several months before being taken prisoner.[77]

Some Confederate POWs returned home with the added pressure of knowing they had been captured by Union forces while deserting the Confederate army and thus faced charges of cowardice and treason. Shame of desertion may have prompted John M. Sumner to poison himself in the fall of 1866 after

his release from Fort Warren, a POW camp in Boston. An alert storekeeper in whose Augusta, Georgia, shop Sumner was at the time thwarted Sumner's plan. Service records show that Sumner was wounded twice, in August 1863 and July 1864, then captured in Tennessee in August 1864, but released by the end of October. In Union custody again in November, Sumner maintained his loyalty to the United States, but he claimed to have been conscripted into the rebel army, from which he deserted to avail himself of amnesty. Confederate records confirm his desertion in January 1865, although he may have deserted before that date. Returning to his Nashville home as a deserter may have weighed heavily on Sumner, who viewed death as a better fate than the moniker of traitor.[78]

The second correlation between mental distress and the war that Southerners were willing to concede was that of injury and disease. If a soldier had returned home wounded or ill and displayed uncharacteristic behavior, family and friends readily situated the cause in war-related ill health or injury. Medical experts of the mid-nineteenth century understood that ill health, caused by sunstroke, for example, could adversely affect the brain. Exposure, from which many soldiers suffered, also explained strange behavior in returning soldiers. Wounds, however, were the most visible manifestations of the war's toll on individual soldiers. The most severely wounded constituted a new class of physically disabled men whose broken bodies blighted their manhood and hindered their ability to resume their place in patriarchal households.

Many wounded soldiers attempted to resume their former occupations only to discover their newly acquired disabilities precluded arduous, manual labor.[79] Confederate veterans complained that prospective employers discriminated against maimed men.[80] Unable to secure employment, quite a few, as last resort, appealed for private or state relief. Many begged.[81] Disabled veterans often became destitute, unable to provide for their families, further assaulting their identities as men.[82] Jeffrey W. McClurken found that households containing unhealthy or wounded veterans from one Virginia county, whom he called "alive not healthy," suffered nearly as much economically as those who had lost a male relative in the war.[83] Loved ones, neighbors, and fellow churchgoers connected the dots when disabled veterans, who stumbled in hard times, displayed signs of mental anguish.

Quite a few Confederate soldiers returned home carrying with them the physical wounds of battle that impeded reentry into civilian life. Chronic pain and medical problems plagued some soldiers throughout their lives.[84] Serious injuries, notably amputations, hampered or prevented men from resuming livelihoods that required intact bodies. Men with mangled bodies and missing parts worried how their wives and sweethearts would respond to the sights of their grotesque wounds. For many, the strain became too great and

triggered psychic anguish that compounded the physical suffering. Suffering physically and psychologically, disabled and dependent, Southern men often collapsed under the weight of war-related trauma.

Confederate amputees disproportionately exhibited symptoms of war trauma.[85] In losing physical mobility and independence, amputees endured significant challenges to their identities as men and masters, which, for many, constituted a crisis in manhood. They struggled to reconcile their broken bodies with ideals of manliness that celebrated strength and independence.[86] Financial and emotional dependence on wives further emasculated them.[87] They endured stares and expressions of revulsion, rejection, and pity.[88] For some, the emotional pain, coupled with chronic physical suffering, made life unbearable or cost them their sanity.

Cavalryman A. G. Ewing of Nashville survived the war, though with a serious injury. Yet his death less than ten years after war's end was as much a casualty of war as if he had died of his wound that day near Fort Pillow in 1864. One newspaper account of his death blamed the suicide on the chronic pain he endured from the battle injury, which required amputation above the ankle. Ewing's hometown paper was less specific about the nature of the injury, reporting that he suffered from the effects of a pre-war gunshot wound that was aggravated by exposure during the war. Both papers agreed that Ewing's physical suffering led to opium addiction, though they differ in exactly how he effected his demise. He either ingested a fatal overdose of opium or saturated three pillowcases with chloroform that he then draped over his face, upon which he placed an inverted washbowl for good measure. Despite the differing accounts of the mode of death, both stories left no doubt Ewing intended to take his life.[89]

John Campsen, a member of an all-German cavalry unit in South Carolina nicknamed the "German Hussars," earned a reputation as a gallant soldier, but lost an arm in battle. Before the war, the German immigrant was a successful grain merchant in Charleston. He participated in German clubs and the all-German militia in Charleston and, though not a native Southerner, showed his support for the cause by hoisting above his grain business a blue Palmetto flag that bore the motto "Now or Never."[90] He remained engaged in the milling trade for over a decade after war's end, before shifting occupations. By 1878, he no longer worked as a miller; he had secured employment as a Charleston street inspector. In 1880, he self-identified as a machinist and resided over one hundred miles from Charleston. About that time, Campsen was appointed master of the city almshouse in Charleston, which brought him back to his adopted city. The changes in occupation and domicile in the last five years of his life hint at economic turmoil. Either he sold or lost his grain business. The appointment to run the almshouse—by this time, perhaps his

disability and age conspired to deprive him of the ability to continue in manual labor, or possibly he lost his milling job, or both—brought Campsen and his family back to Charleston, where his ill temper, made manifest by the disclosure that he had beaten a child "unmercifully," resulted in scandal. There is no evidence to substantiate violence in any other aspect of his life, so it is possible this violent episode was an isolated experience. But it is also possible that Campsen's stint in the army, the trauma of losing an arm and learning to live without it, and the loss of a business and resulting financial insecurity, so common in the postwar South, contributed to growing frustration and exasperation that fueled an ill and abusive temper. After the almshouse board of commissioners demanded his resignation, Campsen shot himself between the eyes in his room at the almshouse in June 1883. His suicide, the press explained, was a way to "end his troubles," presumably the shame of beating one of his charges, then being forced to resign after a public inquiry. But ascribing Campsen's suicide to his illicit behavior as almshouse master ignores the underlying, prolonged war-related trauma that shaped his life two decades after the end of the Civil War and that included the psychological shock of a young twenty-something losing an arm.[91]

Persistent pain from a battle wound with no hope of relief from medical intervention led Richard Scott, a thirty-eight-year-old veteran from Petersburg, Virginia, to end his life five years after war's end. Scott resumed civilian life with a bullet lodged in his left thigh, which left him in constant pain. After the war, the merchant confided to his wife a desire to kill himself because of the painful effects of the wound. The day after a surgeon unsuccessfully tried to remove the ball in 1870, Scott put a pistol to his head and shot himself.[92]

Most wounded Confederate veterans and amputees did not take the extreme measure of suicide. In fact, quite a few disabled veterans resumed normal lives after the war. Nevertheless, occasionally, even those who appeared to be readjusting to their new conditions, sometimes succumbed to their private suffering. A former Confederate surgeon recalled the postwar suicide of a member of his company, Bill Hicks, and attributed it to a lost leg. Hicks—"an Apollo in form, and a model of strong physical manhood"—had resumed civilian life as a lawyer and done well. But the loss of his leg "so preyed on his mind, the thought of going through life such a cripple," that he blew out his brains in a fit of despondency.[93]

Wounded Confederate veterans found their way to Southern insane asylums, where staff sometimes acknowledged the role that war injuries played in postwar combat disorder. Oscar Jones landed in the Georgia insane asylum in 1872. The veteran had served in a Florida unit and had been hit through both hips and a kidney with a "shot-ball" in 1864, disabling him for life. While

still an inmate in 1888, an application for a Georgia pension was filed on his behalf stating clearly that his battle wound was responsible for his mental as well as physical disabilities.[94] Atlanta native Osburn Seay, a twenty-two-year-old veteran, was placed in the Georgia asylum in 1866 after he attempted to commit suicide by banging his head on the wall. He had served in the Confederate army for three years and was wounded in the hip in one of the war's last battles. He escaped from the facility but was returned in 1868 and died there the following year.[95]

Confederate soldiers who deserted may have returned home with added psychological strain related to their desertion. The moniker of traitor or coward likely would have dogged deserters after the war, causing considerable consternation. While no explicit connection has been found linking desertion with postwar trauma or mental illness, it remains a distinct possibility and likely a source of shame and guilt. PTSD sufferers often harbor survivor's guilt, shame at living while friends and comrades died.[96] Deserters would have understood that their actions, regarded as treasonous and cowardly, deprived their units of much-needed manpower, thus weakening the unit as a whole and jeopardizing the lives of combat buddies. Deserter Thad Boykins may have been haunted by these feelings when he committed suicide in 1872. Boykins was twenty-seven when he joined up with the 51st Tennessee Infantry in February 1862. At least two other brothers enlisted, too, but in a different regiment, and one may have been killed in action. Boykins was captured by Union forces after he deserted his company in Kentucky and was held as a prisoner until war's end, when he signed an oath of allegiance to the U.S. government. Upon returning to Tennessee, he relocated to Lake County, a few counties removed from his family home in Madison County in northwestern Tennessee. There are many possible explanations for his relocation after the Civil War, but if he had been known as a deserter, moving, especially given his profession as a lawyer, might have been prudent. Boykins's move, if designed to find peace and make a new start for himself and his young family, failed, as he drowned himself in March 1872.[97]

Men's loss of stature in the public sphere, the war front, translated into losses in the private sphere, the household. Confederate women had longed for their male kin's return home to relieve them of their ersatz independence. Southern white women, many of whom bore the scars of managing households and protecting family members throughout the war, welcomed menfolk back home, eager to be relieved of burdensome duties thrust upon by the rebellion. Confederate veterans imagined homecomings that would allow them to do just that. But many, beset with emotional and psychological scarring, struggled to handle the pressure, perceived or real, of meeting the expectations of family and community in their reentry into family life. The mere re-

turn of Confederate soldiers to their former places as heads of households would not prove adequate to reconstitute the Southern family after the war. Nor would the physical presence of the patriarch in the family signal a return to prewar gender and family conventions. Even in situations where Confederate men came home and attempted to reassert their paternalistic prerogatives, the traumatic battlefield experiences and postwar conditions assured long-awaited reunions would be fraught with discord. Trauma borne of battle, personal loss, and defeat conspired to make reintegration into family life challenging at best and at times impossible. Depressed, defeated, and volatile, soldiers with broken minds and bodies limped home seeking the comforts of hearth and family. But too often the reality that Southerners were deeply and indelibly affected by the war and its aftermath hindered the resumption of familial and marital relationships. No longer the same men they were before the war, returning soldiers who carried with them the emotional scars of battle, struggled in personal relationships. Veterans faced complicated feelings that impeded reentry into family and community life. Wives, even the most sympathetic ones, could never truly understand the soldiers' experiences, for they had lived in relative safety while soldier-husbands risked their lives in battle. Inevitably, resentment and frustration crept in to even the most stable postwar marriages. Chronically ill or wounded men relied heavily on their wives for nursing care, which taxed their relationships and demeaned their manhood. Maimed veterans struggled with intimacy and worried if their wives would still find them attractive; some may have found sexual relations difficult or impossible.[98] Predictably, marital friction surfaced as a consequence of the adjustment attendant to reunited families and pervaded the postwar Southern landscape.[99]

Volatility and instability permeated ex-Confederate families at the very time that stable, strong households were needed if Southern whites were to reclaim their lives, futures, and identities. As Laura Edwards has shown, white Southerners, in assessing the tidal wave of changes wrought by war, looked to the household as a way to shore up Southern society.[100] LeeAnn Whites, too, heralded the centrality of family in the postwar South. The war had cost Confederate men immeasurably, but especially their masculine identities.[101] Financial ruin, loss of slaves, the humiliation of military defeat, failure to adequately protect and provide for their families—these by-products of war struck at the heart of what it meant to be a white Southern man. Shorn of political power, Confederate men submitted to the victorious Union army, a source of embarrassment and shame that chafed at their manhood in the years after the war.[102] The assault on Southern manhood infiltrated the private sphere as well. As with the loss of independence and mastery in the public realm, soldiers returned home to find that in ceding temporary control

of the household to women, they lost ground there, too. Slaveholders were dealt the additional blow of emancipation and so lost mastery over laborers within their households.[103] The emasculation of Confederate veterans on multiple fronts posed a serious challenge for the reconfiguration of family and society. Frank Biess, who has studied returning German soldiers after World War II, has termed the efforts of veterans of military defeat to reclaim their manhood "remasculinization."[104] In the case of the nineteenth-century South, white men, denied the reins of political control by Northern troops, turned to intimate spaces as the place to reassert mastery and control.

The path to reclaiming masculine prerogatives and reasserting control in the private sphere was a bumpy one for Confederate veterans, more so for those afflicted with combat-related psychoses. Under ideal circumstances, attempts by ex-soldiers to reimpose domestic authority and control proved trying. For men manifesting the social and psychological pathologies associated with PTSD, family life proved fractured, dysfunctional, and often violent. Nothing less than the future and recovery of the region hinged on stable households, yet ruptures in familial relationships threatened both individual and societal recovery.

Fueled by psychological distress brought on by battle and efforts to numb the pain with alcohol, domestic turmoil materialized as an inevitable byproduct of military demobilization. Many veterans, crippled by emotional suffering, arrived home to houses in ruin, occupied by former slaves, or to families barely surviving. Wives had grown accustomed to greater autonomy and independence in the absence of their husbands. As Suzanne Lebsock offered, Southern white men returned home after the war wounded, their status in the home undermined. Losers, she counseled, are not inclined to be generous.[105] Wives of angry, disaffected veterans often absorbed the physical and emotional manifestations of that anger.[106]

Marital friction, at times punctuated with violence, was a predictable outcome of the adjustment attendant to reunited but broken families, like the Eenbooms. The life of German-born Henry Eenboom fell apart soon after the war. His tragic demise and unmanning played out in the columns of a Nashville newspaper, which published letters in fall 1866 written by Eenboom to his estranged wife that had been provided to the newspaper posthumously. The letters reveal a veteran whose marriage had crumbled, who drank too freely, and who was unable to secure employment to support his family. In all the ways that mattered, he had failed as a man. Eenboom had left his family behind in an effort to secure work. A tobacconist before the war, he took to the road, traveling to Mobile, New Orleans, St. Louis, and, finally, Nashville, but there was no work to be had. His wife, Lizzie, filed for divorce back home in Memphis, an embarrassment. Eenboom conceded in his heartfelt letters

that he was guilty of abuse and misbehavior in his marriage, but begged her to take him back nonetheless. He made promises: he pledged to give up drinking; he pleaded for a two-year grace period in which to reform; he swore he would send her every cent he earned "to make up for money spent." He implored her to stop the divorce proceedings. In his final letter to Lizzie, the forty-five-year-old distraught but resigned husband and father tells his wife of twenty-one years of his plans to drown himself in the Cumberland River. And so he did.[107]

There is no way to know for sure whether Eenboom's ill-treatment of his wife, his drinking, or his subsequent suicide were connected directly to army experience or the postwar economic collapse, or both, or neither, but his life and death personify the path of many Confederate veterans. The newspaper account attached the cause of Eenboom's woes to "domestic difficulties," which were believed a "great influence" inducing him to take his own life. The newspaper did not explore the nature of those domestic difficulties, which were seen as *prima facie* causal evidence of Eenboom's suicide. Despite identifying himself as a "Southern soldier" in one of the letters, editors made no connection between his personal struggles and wartime experience. They did not know, for instance, that he had been captured in 1862 while serving in a Tennessee artillery company (where, when, and for how long we do not know), then escaped from his captors. Eenboom did not return to his unit, so probably he deserted. It is also possible, therefore, that Eenboom was also burdened with the self-knowledge that he was a deserter. For that matter, so may have his wife.[108]

As with drinking, domestic discord, a social pathology associated with PTSD, was regarded by laypeople and medical experts alike as a cause of insanity rather than a manifestation of mental distress. Michael Keenan, for example, the former POW committed to the Georgia asylum just months after the war, purportedly suffered from "domestic affliction."[109] Rather than seeing marital discord as a consequence of mental stress, caregivers viewed it as a contributing factor. Caretakers at the South Carolina asylum, for instance, blamed the wife of a suicidal veteran for his insanity. Ambrose Gibson of Edgefield County served in the 14th South Carolina Infantry and was wounded three times. It was not until 1876, however, that he manifested signs of psychological stress severe enough to warrant institutionalization. Physicians observed that his mind was, at times, "so far destroyed" that he had no control over himself. He tended to wander and had to be "under guard for self preservation," as he had threatened suicide. He also posed a violent threat toward others. An internal note warned staff: "Don't try to hold him. You will make him mad." Asylum workers, however, believed Gibson's insanity stemmed from factors not at all related to

his military experience, blaming instead "inconstancy upon the part of his wife" and his separation from her.[110]

As in the Keenan and Gibson cases, asylum officials attributed Henry D. Newton's aberrational behavior to "domestic troubles." The South Carolina veteran, a thirty-four-year-old druggist from Columbia, was institutionalized in 1876 when he became delusional, imagining himself a prophet and candidate for governor. Unable to tend to ordinary duties of life, Newton wandered about at night and posed a threat to himself because of his access to and knowledge of medicines. It seems likelier, though, that Newton's peculiar behavior precipitated "domestic troubles" and not the other way around.[111] Loved ones and caregivers failed to see a connection between his military experience, marital discord, and suicidal proclivities. Shifting the burden of blame at least in part to soldiers' wives and minimizing or even ignoring the impact of military experience preserved the mirage of male virility and strength. The suicide record of John Sturtz of Petersburg, Virginia, while short on detail, also points to the domestic turmoil pervasive in the postwar South. The German-born Sturtz drowned himself in the summer of 1872, an act attributed by acquaintances to "domestic affliction." Sturtz learned of his wife's infidelity, another casualty of war and indicator of domestic discord.[112] Friends reported having seen her visit a "colored woman's house of ill fame" in nearby Blandford. Sturtz confided to a Mr. Myers that he expected a divorce, evidence that his "peace and happiness was destroyed." Myers counseled him to obtain the divorce and "act like a man."[113]

After the Civil War, suicide notes began to appear regularly in newspapers. Notes written to family and friends in anticipation of dying by one's own hand were mentioned infrequently, let alone published, before the war. In the early nineteenth century, it is possible such letters were drafted by suicide victims, but not disclosed to anyone outside family, or it is possible that suicide notes became an innovation after the Civil War. While such letters do offer a potential vehicle through which to gain insight into motives, they raise as many questions as they answer. Such notes should be read carefully, recognizing the authors' desire to construct and dictate the meaning of their self-inflicted deaths for particular audiences. Still, notes that allow suicide victims to address their reasons for preferring death over life suggest that motives for suicide were complicated and rarely attributable to just one cause. Moreover, Southern men who died by their own hands may not have considered the role their war experience had in contributing to their feelings of despair and depression. Inattention to war experience in suicide letters, therefore, cannot be interpreted as lack of influence. Take, for example, the 1869 suicide note

of E. J. Hudson of Richmond, who poisoned himself at a Baltimore hotel. Hudson, either a druggist or physician, in his letter advised that a postmortem examination was unnecessary. The cause of death, he emphatically relayed, was consumption of thirty grains of cyanide of potassium, though in a cryptic afterthought he corrected, "or rather freedom from the accursed ills I cannot bear." What those accursed ills were, he did not disclose. Perhaps his family knew of them. We do not. But his experience in the Civil War and life after may provide a few clues. The newspaper account explained that before the war Hudson had been wealthy, even taking European vacations. Hudson's father, Ethelbert Hudson, his namesake and in whose household he lived in 1860, was a rich tobacco merchant. Once hostilities commenced, Hudson joined up with "General Elsey's brigade" as a "surgeon." In fact, Hudson enlisted in May 1861 as a private in the Virginia 1st Light Artillery Regiment. In September 1861, he requested a promotion given his five (really, four) months of service. Hudson's captain supported the commission, especially because Hudson previously had served in the 3rd Cavalry Regiment of the U.S. Army, from which he had resigned to volunteer his services to the state of Virginia. Although Hudson spent a good deal of the 1861–62 winter hospitalized, the promotion came through in April 1862 after he returned from a sick furlough. Hudson eventually achieved the rank of lieutenant in the 5th Virginia Cavalry, but he was hospitalized again for several months in early 1863, though was discharged and returned to duty in time for the Battle of Gettysburg in July, where he was captured. Hudson was shuttled around Northern POW camps before being exchanged at the end of the month, after which he spent more time out of service for ill health. No service records exist for him after August 1863. The little we know about Hudson fails to shed direct light on what constituted the "accursed ills" that plagued him. Yet, given the large number of broken and beaten Confederate veterans who turned up in Southern asylums after the war, and considering Hudson's military experience, especially his frequent ailments and time as a POW, as well as his engagement on or near the battlefield, his wartime experiences likely contributed to his deteriorated mental state, and Hudson's changed economic state after the war would have compounded combat-related stress.[114]

The contents of postwar suicide notes written by ex-Confederates underscore their feelings of sheer desperation and lack of hope for a future. "I have no country, no family, no home, no money, no hope, no health." The suicide note of Judge Eliphalet Frazer "E. F." Buckner from 1867 affirms that Southern veterans rarely took their lives for a single reason. Personal circumstances unrelated to the war triggered the ex-soldier's suicide, but war-generated causes lurked beneath the surface. A native of Kentucky, the judge relocated to Mississippi before the war, had a family, then relocated to Texas. When the

Civil War broke out, Buckner enlisted in the 11th Texas Infantry, even though he was in his fifties. Son Thomas Lark Buckner, too, joined the fray in a cavalry unit. The elder Buckner's war record is far from stellar. He became ill in September 1864 and was hospitalized in Shreveport. By October, he had deserted. Buckner's declaration that he had no country is an acknowledgment that the Confederacy had been defeated, leaving him without a nation he could claim as his own, despite having deserted the Confederate cause. The note goes on to establish that the "loss of liberties of my country"—presumably a reference to loss of political rights—on the heels of his wife's death, placed "agonizing strain" upon his constitution. His assertion that he had no family is not quite accurate. True, his wife, Jane, had died years before, which Buckner believed contributed to his ill health, but son Thomas and daughter Betty were alive and well in Texas. Buckner's sojourn to his birthplace, Brandenburg, Kentucky, the purpose of which may have been catching up with siblings with whom he had lost touch, may have inspired this exaggeration, because he would have discovered that his older brother, Robert, had died four years earlier. Homelessness, destitution, and ill health all may have been intertwined as Buckner, after the war, found himself in "dependent circumstances" and set off wandering. From Texas, he departed for Mississippi, then on to Memphis, where he set tongues a-wagging by courting a prominent widow of "considerable means," perhaps a conscious effort to improve his circumstances. That relationship fizzled and he disappeared for a time, turning up in Louisville explaining he had been to Chicago, where his health had deteriorated further. From Louisville, he made his way forty-five miles to Brandenburg, his birthplace and, ironically, his final resting place—perhaps that had been his purpose for traveling there after all. It was there that he borrowed a shotgun, ostensibly to hunt, and went off into the woods and blew his head off by rigging a string to the trigger and propping it in some bushes. "I am old and feeble, almost a stranger to my kindred," he explained. Had he been in better health, he continued, he "might desire to live," but his spirits were so "broken down," he could not possibly go on. "Under all these circumstances, I feel impelled by an irresistible impulse to quit this lonely scene of sorrow and suffering." Buckner's words reflect an inability to distinguish among the causes of his personal suffering: ill health, mourning for his wife and other family members, the lost war, homelessness, destitution. The case Buckner made for his suicide was an attempt to make others aware of the nature of his suffering so his suicide would not be judged harshly. Who in the South in 1867 would not see aspects of Buckner's suffering in their own lives?[115]

Southern newspapers reported the suicide of ex-Confederate officer Major Samuel R. Harrison in May 1867 and included excerpts from the note he drafted before putting a bullet hole through his head in a New Orleans hotel.

The note instructed the Masons at a Mississippi lodge to take charge of his body and burial. He asked God for forgiveness for his many sins and provided a terse, cryptic explanation for his suicide: "My troubles are too great, I can bear them no longer." Harrison did not identify the source of those troubles. Nor did the newspaper speculate about the reasons Harrison shot himself, although the news account offered that the thirty-two-year-old had served with honor in the "late war" and had been married only a few months. Service records provide no specific clues about his wartime experience that may have contributed to his depressive state, but his regiment, the 1st (Nelligan's) Louisiana Infantry, supported the Army of Northern Virginia, so he participated in many difficult campaigns including the Seven Days Battle, Cold Harbor, Antietam, Chancellorsville, Gettysburg, and others. He appears to have been hospitalized briefly, just once, for rheumatism, in 1864, but returned to duty ten days later. He surrendered in May 1865 and signed a loyalty oath to the United States. If his military experience was the key to his "troubles," Harrison's letter is silent on the matter. But four years of near constant engagement on the front lines of dozens of battles and skirmishes would not have left him unaffected.[116]

Fifty-two-year-old Hiram French couched his 1875 suicide as an act of honor, no doubt an effort to absolve himself from disgrace. The widower had enticed a much younger woman—aged twenty-two—to Atlanta with the promise of marriage, paying for her to stay in a boardinghouse until they married. French secured Anna McNeely's parents' blessing for her trip to Atlanta and then, just days before he took his own life, drafted a letter to them apprising them of their imminent plan to wed. The nuptials hit a snag, though, when French's adult daughter objected to her father's choice of bride. In the end, French could not go through with the marriage if it meant severing his relationship with his daughter, intimating that she had given him an ultimatum. Before taking an overdose of morphine, French drafted a letter to a friend that was published in the newspaper, perhaps at French's request. He insisted that taking his life was a rational, well thought-out decision. He provided assurances that Miss McNeely was a "virtuous woman" who should not be blamed for his death. While his ill-fated love affair was unquestionably the immediate trigger for French's suicide, other factors, some war-related, seem to have played at least an indirect role in his self-murder. For one, he had lost two close family members in the previous decade. His beloved wife, Emily, passed away just two years before, in 1873, and his young son, H. B. (Henry) French, not yet out of his teens, was killed during the war. Not only did French carry the burden of grief, but he had served in the war as captain in the 17th Georgia Infantry, though a good deal of his time was spent in the hospital with fever, dysentery, and a gunshot wound received at the Battle of Gar-

nett's Farm in June 1862. In fact, he attempted to resign his commission in March 1863, for which he had the support of doctors—he had contracted dysentery and become emaciated—as well as that of one of his commanders, who affirmed that French had "faithfully discharged his duty for nearly two years and is over forty-five years of age." Still, Confederate command refused to accept French's resignation, saying his reasons were not compelling enough. Perhaps his diminished health continued, because in August of that year, he was serving in a home guard unit and was out of the regular army. Then there was the death of his nation. French, although a native New Yorker, had been an active politician before the war, serving as a member of the Georgia legislature and the secession convention. French "espoused warmly the 'Lost Cause,'" the newspaper reporter informed his readers. He, "like all Confederates lost heavily by the war."[117]

Before Petersburg junk dealer Adolphus Herzog shot himself in the chest with a Colt's Navy revolver in November 1877, he, too, drafted notes to explain his decision. Those around him were aware that he had posed a danger to himself for some time, especially since the death of his wife. In fact, when his wife died, a pistol was taken from him out of concern he may kill himself. He expressed death wishes from time to time. In fact, an "officer" had been assigned to Herzog's place of business to monitor him. Herzog left behind two notes to explain the motives for his suicide. He described a life of physical and emotional suffering, which he aimed to end. "Afflicted and half blind, with no friends and nobody to help me, I have to leave this world." "Crippled, half-blind, in poverty" and alone, he had little choice. In the afterworld, he would be reunited with his dead wife, children, brother, and parents. Herzog viewed his suicide as a rational, logical choice, insisting that his mind was healthy and strong.[118] Herzog's casting his decision as reasonable countered prevailing lay and medical opinion that suicide was evidence *prima facie* of insanity. For Herzog, French, and other men like him, death constituted a logical escape from suffering, not a sign of mental debilitation.

Confederate veterans faced a bleak future in a society in which nearly all the markers of their racialized masculine identities had been obliterated. The war experience, followed by defeat, challenged the very essence of what it meant to be a white man in the South. At the outset of war, masculine identity was inextricably attached to values of strength, bravery, honor, duty, and self-sufficiency. But war sorely tested men's ability to continue to adhere to the code of Southern manhood and its defining attributes. Once masters, war and its fallout forced them to cede control to outside forces, an unimaginable, abhorrent condition for a white man.

Most rose to the challenge, but some did not. The experiences of war traumatized many soldiers who returned to a society that did not comprehend the notion of trauma. War-induced mental distress was not understood. Outward signs of trauma, including fright, anxiety, and emotional debility, risked exposing veterans as weak and cowardly, the antithesis of manhood, and hampered their ability to fulfill their masculine duties. Veterans afflicted with psychic disorders thus became doubly crippled: psychologically distressed, but also ashamed they had failed nation, family, and comrades by their inability to meet society's expectations for rebuilding their broken nation. For a number of returning veterans, death by one's hand became the option that restored limited elements of mastery and control, ended emotional or physical suffering, and provided an exit from failed manhood.

Chapter 6

The Distressed State of the Country

Confederate Men and the Navigation of Economic, Political, and Emotional Ruin in the Postwar South

> It is obvious that the emancipation of the slaves and the collapse of our whole social system after the Civil War, the depletion in men, the wreckage in buildings and forests, the years of neglect of agriculture, the penniless condition of the best element among us, and their unfitness for manual labor, would mean ruin for a long time.
>
> —Marietta Minnigerode Andrews, *Memoirs of a Poor Relation*

Combat-related stress goes a long way in explaining the antisocial or self-destructive behaviors of Confederate veterans. But transitioning back to civilian life proved even more difficult for Southern white men, who in the years after the war, already weighted down by defeat and war trauma, faced financial ruin and political emasculation. Unlike the North, the South experienced extensive physical damage that made rebuilding difficult. Emancipation eliminated the chief form of Southern wealth virtually overnight. Financial difficulties, or, to use the phrase of the day, "pecuniary embarrassment," underscored the failure of men, veterans and non-combatants, to fulfill one of the basic responsibilities of manhood: providing for one's family. Moreover, indebtedness signaled dependency, severely undermining the basis of masculine identity and privilege.[1] The combined weight of financial ruin and embarrassment, on top of political banishment and festering anguish from combat memory, proved too much for some ex-Confederates. As joyous as homecomings were, Southern men could not deny the massive work that lay ahead to rebuild. The physical reconstruction of homes, barns, fields, and infrastructure awaited. The economy, in shambles, offered few opportunities for men desperate to resume their roles as heads of household and as breadwinners for their families. With little or no money, sharply diminished wealth, and dim job prospects, Southern men faced a dismal outlook with little hope for a quick turnaround.

Even the most resilient veterans, those seemingly impervious to battle trauma, who attempted to put the war behind them, faced a present and future that was at once bleak and hopeless. Marietta Minnigerode Andrews explained the white Southern outlook at war's end: "It is obvious

that the emancipation of the slaves and the collapse of our whole social system after the Civil War, the depletion in men, the wreckage in buildings and forests, the years of neglect of agriculture, the penniless condition of the best element among us, and their unfitness for manual labor, would mean ruin for a long time."[2] Business failures and unemployment were endemic in the postbellum South. The inability to provide for one's family in an environment of economic uncertainty beleaguered many white men of the region.

Andrews knew firsthand how the one-two punch of war and postwar economic malaise could shatter a man. She recounted in her memoir how her father, Charles Minnigerode, a former aide-de-camp to Confederate general Fitzhugh Lee, was struck by a minié ball at Appomattox at age nineteen, leaving him with a lifelong limp. After the war, a series of business failures bedeviled him and rendered him unable to support his growing family, which bounced around from relative to relative; young children fanned out to earn much-needed money. Mounting debt forced the sale of family silver. As Charles Minnigerode became depressed, anxious, and embarrassed by his failings as a provider, his wife grew impatient and frustrated. The unwelcome announcement that he was about to become a father for the eleventh time proved to be the breaking point. He committed suicide in 1888, a casualty of the war just as if he had died from his wound that day at Appomattox.[3]

Men who had devoted lifetimes to building businesses and cultivating reputations and relationships crumbled in the face of business failures, which pervaded the Reconstruction South. Seventy-two-year-old Sidnum Grady committed suicide in 1866 by ingesting laudanum. Friends knew he had been depressed over losing all his property during the evacuation of Richmond in 1865. He had attempted to kill himself once before, telling friends he would rather be dead. A slave trader, Grady not only lost all of his property during the war, but he also lost his profession and means of income with emancipation. In a note he drafted and pinned onto his shirt, Grady explained that he had contemplated suicide for some time. The note further expanded on what was common knowledge in the neighborhood: Grady had no means of support, had to move in with his brother, which he knew made him a burden, and so was determined to "rid himself of his troubles that were greater than he could bear."[4] Postwar business failings also plagued prominent Knoxville citizen John M. Hendrix, who drowned himself in the Holston River in November 1867. Hendrix was driven to suicide, it was believed, by failure in business and despondency.[5] A sixty-year-old Savannah tailor, Michael Carey, took an overdose of laudanum to end his life in early 1867. Carey had an excellent reputation in the city as a good workman and, "until recently," had a good business.[6]

Business failure in nineteenth-century America represented a significant challenge to masculine identity.[7] Work, as E. Anthony Rotundo has argued, constituted more than simply a source of income for men. It was, of course, linked to a man's duty to support his family, but it was so much more. A man's work, often the culmination of years or decades of hard work and networking, determined his social position and status and comprised the source of social and economic power and pride. Work served utilitarian purposes as well, functioning as a refuge from bad marriages and emotional pain; a man could redirect his energies and focus away from sadness and discord at home by spending more time at work, which proved exciting and rewarding.[8] Catherine Barbara Broun's husband, Edwin, mourned the lack of business after the war and became despondent. Before the war, he had been a merchant; after, he resorted to farming. "He is such a business character that he cannot be happy without the excitement of business."[9] Work represented the most important source of masculine identity, especially in the late nineteenth century. Quoting Rotundo, "Work could serve to reassure a man about his manhood and about the freedom and power that manhood betokened."[10] A white man's business failure in the postwar South eviscerated his sense of self. Because economic opportunities evaporated after the war, Southern men were unable to channel their emotional suffering into productive outlets like work. Consumed by failure at home, on the military front, and at work, Southern men, many of them, collapsed psychologically. Some committed suicide, while others ended up in asylums. Ludwig Hatje, a German-born merchant from South Carolina, grew despondent, indifferent, and melancholic in response to failure in business and landed in the insane asylum in Columbia in 1878. His patient record indicates that an older brother also had become insane as a consequence of failure in business.[11] William G. Roberts likewise ended up in the same asylum in 1877 because he was a failure in the mercantile business and in deep financial trouble. The patient was both suicidal and delusional: he believed himself to be a Roman Catholic priest; he was, in fact, a Methodist.[12]

Financial calamity and material deprivation awaited Confederate men returning home. The dire situation bred despair and pessimism about the future among Southern men. Money worries and loss of property paralyzed numerous ex-Confederates. Women, too, worried about their families' financial well-being, but men experienced economic misfortune personally. Debt and financial ruin signaled dependency as well as the inability to fulfill one of the chief responsibilities as head of household: that of provider. Historian Scott A. Sandage makes the point that economic failure fell harder on men because "economic impotence stripped them of the masculine prerogatives to buy and sell, to borrow and repay, to contract and exchange."[13] Scores of

Southern men struggled in the face of economic failure. For many, the burden proved too great. Following war's end, Georgia schoolteacher Henry Lewis became gripped with fears he might not be able to provide adequately for his family. Loss of property and worries that his family might starve led the sixty-year-old to make preparations to take his own life, by poisoning, hanging, or shooting himself.[14] A suicidal James Teat, aged fifty-six, from Georgia entered the asylum in 1867. He lost both a son and a long-held office due to the war, the latter which weighed heavily on Teat, who felt the pressure to provide for his large family. Overwhelmed, he threatened suicide frequently though made no any serious attempt.[15] These threatened suicides underscore the irrationality of these men's thinking: they were consumed by worries about the financial well-being of the families dependent on them, yet their plights and prospects for recovery would only be worsened by the deaths of the heads of household.

"Pecuniary matters" plagued Joseph Burton of Petersburg so that he shot himself through the head just months after the surrender. Known as a quiet, elderly man "with settled habits" and "a good citizen and kind father," Burton had been very depressed of late about financial matters. The press did not directly reference the ten-month siege of Petersburg that preceded the end of war, but noted that "fears of coming to want, from the dullness of business since the evacuation, have preyed upon his mind." Burton may have been forced to flee the city during this time, which would have proved quite unsettling. Or, if he had stayed, it would have been a harrowing time for him. As a grocer, the siege specifically and the war generally would have adversely affected his livelihood. Whatever his fate during the siege, business languished afterward, impelling him to "the dreadful deed."[16] Augustus Buschonce of Atlanta committed suicide in June 1871, the cause of which was reportedly loss of fortune.[17] Hartwell Harding, too, struggled with financial distress after the war. He had "in antebellum times" enjoyed "a fine estate." Since the war, "like the great majority of Southern people," he had been "pecuniarily embarrassed." His personal misfortune weighed heavily on his mind and occasioned "greatest uneasiness." Such was the explanation when the sixty-seven-year-old North Carolina farmer shot himself in the head with a double-barreled gun in the spring of 1869. Stress about finances overlapped with concern about the welfare of at least one, maybe two, teenaged sons whom Harding sent off to war. Son James survived the war, but he was wounded, hospitalized a few times, and held as a prisoner of war, the kind of stress that took its toll on wartime fathers.[18]

Financial collapse in the postwar South wiped out jobs and businesses, ushering in severe un- and underemployment throughout the region. The inability to find work after the war and the hopelessness that conditions would

improve in the future led some former Confederates to take their own lives. Samuel Hanson served as a clerk in the Confederate Post Office in Richmond during the war but was unable to find employment afterward, which led to his suicide in Washington, D.C., in 1866. Hanson formerly held a position with the U.S. Post Office in Washington, D.C., before war broke out. It is likely that Hanson's disloyalty in leaving the U.S. post to work for the Confederate postal service in Richmond would have barred re-employment in a post office, resulting in frustration and an inability to find suitable work.[19]

In addition to diminished prospects for work, Southern white men experienced reversals of fortune and evaporation of wealth and property that also contributed to their mental decline. Concern about loss of property, along with the death of his wife, led to the hospitalization of Lemmon Dunn, a Georgia farmer.[20] Fifty-eight-year-old Stinson Jarrell, also from Georgia, suffered loss of property as a result of the war, which asylum officials recorded as the cause of his insanity.[21] Likewise, James Black was institutionalized in 1867 due to mental anguish brought on by "loss of property."[22] That same year Georgia asylum officials welcomed the aged Edward Varner, noting that the seventy-six-year-old suffered "paroxysms of excitement" supposedly due to "loss of property under the disturbed state of the country."[23] Family members, fearful that John Fricks would act on suicidal threats, committed him to the Georgia state asylum in December 1868. His suicidal tendencies also were attributable to "loss of his property."[24]

The amount of wealth Southerners lost after the war was staggering. Comparing census data from the years 1860 and 1870, Jeffrey W. McClurken, in his study of Pittsylvania County, Virginia, finds that the value of real estate per veteran household declined over 63 percent, with the value of personal property dropping even more dramatically, by over 92 percent, an indicator of the financial impact of emancipation on Virginia households.[25] Emancipation wiped out the wealth of many slaveholding families. Take, for instance, the Virginia family of Charles A. Berry. In 1860, he possessed over $10,000 in personal property, largely slaves. When war came, he enlisted, served in a Virginia cavalry unit as a teamster and wagoner, and survived. In 1870, the extent of his loss in personal property was registered in census records, which showed personal wealth worth a mere $250. Berry drowned himself in the Machodoc Creek in Virginia in 1871.[26] Sixty-two-year-old William Barrow hanged himself in his gin house in early 1867. He placed a rope around his neck and jumped off a cotton bale. The Natchez newspaper explained that he had lost "a great deal of property in the late war." Since the surrender, Barrow had tried various ways to recover "his broken fortunes," but "misfortune attended every effort." Barrow was also the father of two teenaged sons who served in the Confederate army, both of whom survived, but suffered

from wounds and illness.[27] At sixty-one, Rivers Gunter was too old to have served in the army when the war broke out. Nonetheless, he experienced trauma during the war that contributed to his loss of sanity. He first became symptomatic in 1865 when he was "frightened by Sherman's raid." Subsequent loss of property was blamed for aberrational cognitive and psychological symptoms like loss of reasoning, rambling propensities, "furious habits," and destruction of his bedding. At the advanced age of seventy-six, he ended up in the South Carolina insane asylum.[28] Charlestonian Clarence S. Fishburne was deemed insane in 1876, also ostensibly because of "loss of property." He was found with laudanum in his possession and so was presumed to be a suicidal threat.[29]

Southern white men beset by "pecuniary difficulties" after the war were embarrassed by their inability to provide for their families. Many equated financial failure with poor character, a holdover from antebellum times, even though intellectually most understood that the war and its aftermath were to blame. Robert Epps, a twenty-nine-year-old father of four, entered the South Carolina asylum in 1878 diagnosed with "monomania," the cause of which was "depressing effects of his financial affairs."[30] G. Griffin of Monroe, Georgia, shot himself through the head in 1878, ostensibly due to "pecuniary troubles." He remarked before his death that "there was only one black sheep in the family and he intended to kill him."[31] A German-born watchmaker from Richmond who had served in the Virginia infantry during the Civil War, Emil Wacker, made good on an oft-repeated threat and killed himself in February 1871 despite his wife's pleadings. Wacker replied, "I am done. It is to[o] late," then shot himself. Wacker suffered from "pecuniary troubles."[32]

In an extreme case of domestic violence triggered by financial strain, veteran Martin Gilgan killed his wife and then himself in 1867. The thirty-four-year-old grocer, the Mobile newspaper speculated, had labored under a temporary "aberration of the mind" at the time he committed the horrific act, prompted by "pecuniary troubles." Gilgan, an Irish immigrant, had done well for himself. In 1860, he appears in the household of a well-to-do Mobile merchant as a laborer. The following year he secured work as a porter for an importer and dealer in hardware and cutlery. The war interrupted his civilian life, but by 1866 he had become a grocer and probably owned his own store. The postwar depression, though, threatened virtually everyone's financial well-being in the South, but Gilgan suffered a personal loss when fire destroyed his store on New Year's. He had made ominous statements before his death that in hindsight suggest he had been planning at least his own suicide for a while. To one friend he swore that he would have enough money to pay all his debts or "he would never be seen in Mobile again alive."[33]

The extent to which Southern men became preoccupied with, in some cases obsessed about, their inability to provide for their families in the postbellum South is exemplified by the curious case of Frederick Lamback of Augusta, Georgia. Family members reported that Lamback began showing signs of an altered mental state in late 1865, right after the end of the war, when he displayed classic symptoms of severe depression: he was "low spirited, very desponding and careless in his dress." By 1870, he had become delusional, believing that he was poverty-stricken and unable to support his family, "moaning, groaning, and bewailing his poverty." He complained to his physician that he had not slept in fifty years; he believed that a portion of his body was missing. He became suicidal, causing loved ones to take precautions, like nailing shut the windows, removing the pistol from his desk, and notifying local gunsmiths not to sell him any guns. Son George worried about his father overdosing, so he kept drugs away from him, even secretly replacing morphine with quinine in a preemptive attempt to thwart a suicide attempt. He also assigned a servant to shadow his father to ensure he did not attempt to drown himself. Rumors circulated that Lamback had unsuccessfully attempted suicide by a pistol. Despite these strenuous efforts to prevent Lamback from killing himself, he triumphed over his caregivers: he "was determined to starve himself to death, and he succeeded in so doing," according to his doctor, who diagnosed Lamback with "monomania about property." The irony of the case is that Lamback was not poverty-stricken; far from it. Despite complaints that he "had no means of livelihood" to buy necessities like medicine and food, Lamback died a well-off man. Court documents reveal that at his death he held several properties. He appears to have been a partner in a manufacturing business that, though it went through some transmutations and changes of partners, appears to have survived his death. Attempts to convince Lamback that he was not destitute fell on deaf ears. A former employee, Edward Pierce, encountered Lamback about a year before his death, whereupon he complained to Pierce about being a pauper. An incredulous Pierce countered that surely he must be worth at least $40,000–$50,000. Lamback carped, "What is $40,000. I ought to be worth a million. I have lost everything."[34] Lamback's delusions about being poverty-stricken, indeed his obsession with financial loss, reflect in the extreme Southern white men's greatest fear, especially so in the postwar years: the inability to fulfill the basic requirements of paternalism, providing for their families.

Thoughts about loss of personal property preoccupied numerous white Southern men in the postwar South, causing many to become deranged or to contemplate suicide. Delusions, like those of Lamback, often revolved around money and issues of subsistence or starvation, a reflection of men's deepest fears about their failings as providers. Forty-year-old Thomas Beamish of

Charleston entered the South Carolina insane asylum, driven mad by financial embarrassment. He presented with delusions relating to money: he imagined himself a millionaire, "all powerful with unlimited control in both church and state affairs."[35] E. White Fenn of Charleston had fallen on hard times since he lost his teaching position in 1870, the main factor, according to asylum officials, in causing him to go insane. He had become restless, destructive, and violent, threatening suicide several times and once loaded a pistol with the intent of shooting himself, and so he was admitted to the asylum, where he expressed delusional and obsessive thoughts. Fenn believed he and others were going to starve to death. He also was preoccupied with the notion of supporting himself and his wife.[36] Asylum patient Archie McAlister also harbored delusions related to destitution. The sixty-two-year-old Irish immigrant farmer was believed driven to insanity by loss of property and destitution. He had been unable to provide for his large family of ten children. One of his chief delusions was that his children were going to starve to death. He had once attempted to kill himself with a gun and often threatened his wife and children.[37] An inability to provide for his family also drove Edward Edwards to try to kill himself. He was discovered in Alexandria, Virginia, in May 1869 with his throat cut and bleeding profusely, an obvious suicide attempt. He had on his body a letter addressed to his wife but divulged very little personal information. Strangers carried him to the almshouse, where he received medical attention, but he refused to eat, saying that he intended to starve himself since he failed to kill himself on the first attempt. The scant information he disclosed was that he had a wife and family that he was unable to support, so he did not care to live.[38]

Indebtedness, like unemployment, scourged the Reconstruction South and plagued nearly all Southerners, but was experienced in a gendered way. For men, debt underscored dependency, another assault on Southern manhood. Moreover, the inability to pay a debt affected a man's reputation. A man who could not be trusted to honor a debt was not trustworthy and therefore was ostracized from local commercial and business networks. The crushing weight of postwar debt thus had emotional consequences that contributed to suicides, like that of Woodson Jones of Richmond, who hanged himself in 1874 after several failed suicide attempts including jumping into a well. His wife, Mary Jones, explained to a coroner's jury that his mental well-being was first compromised by troubles that arose from being in debt.[39] The Atlanta suicide of Samuel J. Anderson in late 1874 was believed prompted by an inability to pay a debt. Anderson had brokered an arrangement with Robert Toombs, a former cabinet secretary in the Confederate government, for employment in his law firm, but a misunderstanding emerged regarding the duration of that arrangement. When Anderson attempted to pay a debt on a

draft drawn on Toombs's account and it was rejected, the embarrassment greatly depressed him. Possessing a "soul of honor," Anderson could not "bear the idea of his credit being jeopardized" and so ended his life, but not before bequeathing his pistol to Toombs whom he advised to use it on himself.[40]

In addition to financial ruin, some Confederate men fell victim to an amorphous malaise attributed to the "distressed state of the country," a term that encompassed political distress about the collapse of the Confederacy as well as economic decline. Dealing with the military loss adversely affected veterans and non-veterans alike.[41] Colonel Robert Harper of Covington, Georgia, shot himself in February 1868 after becoming despondent over the "desolate condition of our country." Although Harper was suffering from ill health, the newspaper account speculated that the main source of his "mental aberration" was likely the "distressed state of the country," for which Harper had "manifested a deep concern" for some time. Like other suicides among Confederate men, he left behind a family that would struggle mightily without a male head of household.[42] The Honorable Elijah Hise had just been elected to Congress from Kentucky when he took his life in 1867. The "condition of the country" and his advanced age "led him to seek refuge in death," according to the newspaper. In the note Hise left behind, he claimed to have "lost all hope of being able to aid in saving the country from the impending disasters and ruin in which despotic and unconstitutional rule has involved her."[43] A wealthy planter from the Charleston area, Benjamin Thompson, similarly lapsed into insanity due to the "gloomy condition of the country" and was committed to the asylum in South Carolina, where he hanged himself in August 1867.[44] The governor of Florida, John Milton, was widely reported to have killed himself when it was apparent Confederate defeat was imminent in the spring of 1865. "Death would be preferable to reunion," he is reported to have uttered in his last message to the Florida state legislature.[45]

The volatile political climate after the war, especially in places where significant numbers of Unionists lived and assumed control of the legal, political, and judicial apparatuses and where ex-Confederates lost their political and civil rights, resulted in psychological and emotional distress by men in both political camps. The suicide of one Georgia man was blamed on Congress's passage of the Reconstruction Acts of 1867. Forty-eight-year-old Ira Taylor of Macon, a successful planter and railroad executive, shot himself to death in May 1867. A native New Yorker, Taylor had relocated to Georgia at age twenty and eventually rose to become the secretary and treasurer of the Macon and Western Railroad Company, but he also engaged in agricultural pursuits. By all accounts his plantation prospered, that is until visited by federal troops led by General William T. Sherman "during his destructive march" to the sea. The newspaper recounted how the invading troops "sacked" his

place, causing him to lose the year's crop and over 250 bales of cotton. Nonetheless, Taylor landed on his feet when Georgia governor Charles Jones Jenkins appointed him auditor of the Western and Atlantic Railroad. Taylor revived the crippled railroad and resumed his planting activities. Such resiliency, however, proved short-lived when, in the spring of 1867, he ended his own life. The immediate source of his "mental derangement," claimed the newspaper account, was "the passage of the late military bill," a reference to one of two congressional acts passed in March placing the former Confederacy under military supervision. This law and "other oppressive acts of Congress" "crushed" Taylor, who despaired "at the present prospects of his once happy country."[46]

Some Union-leaning Southern men, like Henderson Horsely, fell apart in the wake of Reconstruction-era political retribution and setbacks. Horsely had been a "thorough Union man" throughout the war in Kentucky, a state that never seceded but harbored staunch secessionists. Weeks after the surrender at Appomattox, a squad of "guerillas" descended on his house, though he managed to escape. Convinced they would return, he removed his wife and children from their home and hanged himself in his own house with a bridle.[47] John Boisseau, a tobacconist in Lynchburg, Virginia, shot himself in the forehead with a pistol in August 1872. A newspaper account speculated that the self-murder resulted from a decline in tobacco "speculations" but also blamed recent news out of North Carolina for Boisseau's "madness." Boisseau, a "Republican of very pronounced views," may have become distraught over the tumultuous elections there in August 1872, whereby Conservative Democrats won key congressional seats but lost the governorship to a Republican (though results were not finalized until after Boisseau's death; on August 2, Raleigh newspapers prematurely claimed the Democratic candidate the winner).[48]

Reconstruction politics inflected news of the purported murder of an Internal Revenue Service assessor in Georgia in 1870. An Atlanta newspaper cast doubt on the charge that the federal official had been "assassinated" by parties unknown, insinuating that "Radical circles" were behind the allegation. Citing "reliable" sources, the reporter promised that a coroner's inquest, composed of the "leading citizens," would prove the agent had committed suicide with his own revolver. We cannot know whether the reporter had been assured that the jury intended to alter the findings of the investigation to avoid concluding the agent had been murdered, or whether in fact the jurymen found credible exculpatory evidence and proof that the death resulted from suicide. But the jaded reporter fully expected William Brunt's death to be "turned into another rebel outrage" and reported to Washington as an act of political terrorism.[49]

In 2011, historical demographer J. David Hacker published his groundbreaking article on the number of Civil War dead. Employing a census-based methodology, Hacker persuasively showed the long-standing mortality figure widely used among historians—620,000—to be too conservative. According to this recent recalculation, there may have been as many as 851,000 military deaths.[50] The article spawned a lively debate among Civil War historians, a few of whom have wondered whether the revised estimate of military dead was really all that significant.[51] Eric Foner, for one, questioned the overall significance of the adjusted figure. "A numbers game gets us only so far in understanding the war's impact on American life."[52]

While it might be tempting to dismiss or downplay an additional 14 percent of dead Confederate soldiers as inconsequential, the grief and material loss generated by those additional thousands of deaths increased suffering exponentially. Consider that thousands more widows, orphans, and fractured families resulted. Thousands more families left without a male household head suffered greater financial ruin. One way to gauge the impact of three-quarters of a million soldiers (over 100,000 more lives lost than previously believed)—and thus better calculate the human suffering wrought by the American Civil War—is to consider how an individual soldier's death affected a family. By examining the shattered lives of Southerners who lost loved ones to the war, the real importance of the increased number of Civil War dead emerges with a vengeance.

Estimates vary, but between 13 and 18 percent of Southern white men of military age died during the Civil War. The total number of Confederate dead eludes historians because of the paucity of Confederate sources and the difficulty in parsing allegiance in the border states. It seems safe to say, though, that over 300,000 Southern men died between 1861 and 1865, more than the 258,000 estimate that had been accepted until recently.[53] Not only had Southerners lost the war, but they grappled with the grief attendant to the loss of men and boys who never returned home. Fathers of sons lost in war acutely felt the loss of their sons and grieved long after the war ended.[54] The larger estimate of men killed in the Civil War thus increases the number of loved ones whose lives were upended emotionally and materially.

The case study of Edmund Bates demonstrates how the Civil War psychologically broke one man, whose demise resulted in the emotional and financial devastation of his family for decades after war's end. An engineer, Bates operated as a blockade runner for the Confederacy. While he was on one of his runs out of Charleston harbor, his only son died in battle near Petersburg. Bates returned home in "quite low spirits," but reported back to duty until

war's end. Once home for good, Bates had difficulty landing gainful employment, which further depressed him. After a few months, though, he acquired a coveted position working on a steamer. But after initially accepting the position, he determined the ship was not seaworthy and walked away from the job. Four more months elapsed before he received another offer of gainful employment, this one also working on a steamer. As with the first opportunity, he found reason to walk away, this time fearing the ship would sink. Bates's wife, Malvina, attributed this inability to follow through with these steamer positions to his having "lost all confidence in himself." Indeed, her level of concern grew when she discovered a vial of laudanum in his possession. Her husband's explanation—he claimed to have purchased the vial in the event his steamer sank—strained credulity when she subsequently found another vial of laudanum after he continued to be "low spirited." Threats against family members followed his bout with depression; he threatened "to destroy the whole family." Depressive behavior shifted to mania; he spent every cent to his name under the impression (perhaps delusion) that he was making $300 a week jerry-rigging steamers to use less wood. For two to three months, he had "been on the go day and night," sleeping only two hours per night. This postwar shift in demeanor contrasted with the man Bates was before the war, when "his natural disposition [was] quiet and reserved." In July 1867, Malvina Bates implored physicians to examine her husband. They did, declared him insane, and recommended admission that summer to the asylum in Columbia, where he remained for years.[55] While Edmund Bates's institutionalization eliminated the threat of violence and lessened the likelihood he might take his own life, the family nonetheless suffered from his inability to provide financial support. By 1870, Malvina Bates had moved in with extended family (either her brother's or brother-in-law's home). Ten years later, she appears as the widowed head of household of her Charleston dwelling, consisting of twelve members including her fifty-five-year-old sister and the two sisters' children, ranging in ages from thirteen to thirty. The mental illness of Bates's husband, explicitly linked to the wartime death of his son and requiring institutionalization and likely contributing to his death, altered Malvina's life in profound ways, including the necessity to live in an unconventional household structure, one in which adult females pooled their resources, in order to survive without benefit of a male head of household. The widow Bates seems to have suffered her entire lifetime because of her husband's psychological debilitation.[56]

The Civil War death of a son also adversely affected John Batts. But whereas Edmund Bates merely threatened to end his life, Batts put a pistol to his head on a Sunday morning in May 1878 and squeezed the trigger. The deed came as no surprise to his Georgia family. They had been worried for months that

he might do something rash; he showed signs of "mental depression" and was not of sound mind. In hindsight, perhaps family and friends marveled that his violent death had not come sooner. He had made previous attempts to end his life by morphine overdose. The devout Baptist had been a wealthy planter with thirty-five slaves before the war. Batts held important political positions in the state, serving in the Georgia House of Representatives and State Senate, and he was a supporter of John C. Breckinridge at the 1860 Democratic state convention. Then the war came. His oldest son, twenty-three-year-old William "Billy" Batts, enlisted in the Georgia infantry and headed for Virginia. Twice in 1861 word came that Batts was wounded slightly. His luck ran out in August 1862 at the Battle of Cedar Run in Virginia, where Billy was killed in action. The wife of Billy's company commander, Captain S. G. Pryor, paid her respects to the Batts family in Lee County and reported to her husband that, while the entire family was devastated, "Mr. Batts is worse than any of the rest: he talks of nothing else."[57] Following on the heels of his son's death, John Batts faced the defeat of his nation and cause, which surely triggered considerable angst. Like thousands of other former Confederates, Batts applied to President Andrew Johnson for a pardon, which required pledging loyalty to the United States and confirming that he had freed his slaves, whom he was now employing "at full & proper wages." Unlike most white Southerners, Batts and his family were not financially ruined by the war. He lost his slaves, of course, but retained over two thousand acres and held real and personal property worth $18,000 five years after the war. In 1870, he reported a bountiful harvest: 1,500 bushels of corn and 300 of oats, 141 bales of cotton, 300 pounds of wool, and 500 bushels of sweet potatoes. A visitor to the Batts plantation in 1870 gushed at the high crop yields, crowing there was not "a finer prospect anywhere in Southwest Georgia."[58] While Batts had much to mourn after the war, he was not destitute. He even appeared to weather the Panic of 1873 well. His will, executed the year before he died, shows that he bequeathed a considerable amount of property to his wife and children. So what, then, drove John Batts at the age of sixty-four, to end his life? Of course, there is no way to know for sure, but we do know he was devastated by the death of his son Billy. Had he ever really recovered from that loss? Did he second-guess his support for a war that cost him his son and that left his beloved region bereft? Did he feel unmanned by being pressured to sign a loyalty oath to the enemy that had taken the life of his son? No extant sources speak to the forces that drove John Batts to put a gun to his head, except that he had been depressed and that the death of his beloved son contributed mightily to that depressive state. Batts, like so many other Confederate fathers who sent their sons off to war, appeared to have carried the weight of that burden to his grave.[59]

Official records may not have listed grief as a cause of older Confederates' suicides, but that is certainly a strong possibility for many, including Joseph Younger Gudger. A terse four-sentence announcement of Gudger's suicide appeared in a Petersburg newspaper in August 1869. Gudger lived in western North Carolina and hanged himself in his barn. No other details appear in print, but additional research reveals he was close to eighty at the time of his death, too old to have served in the army himself. As was common at the time, he had a large family, consisting of as many as twelve children, including six adult sons ranging in ages from twenty-four to forty-seven when war broke out, at least five of whom were sons of military service age. There is no evidence that Gudger's eldest, James McRee, joined the army, but three of his sons did, one of whom died of typhoid in 1862. Gudger descendants contend that second oldest son, Samuel Winslow Davidson, fought and fell at Shiloh in 1862, but no official records substantiate that death, although his wife appears in the 1870 census without him. Three other sons—Robert, John, and Jesse—all fought for North Carolina regiments. Jesse contracted tuberculosis, leaving him "permanently disabled." John enlisted with the Bethel Regiment and died in October 1863 at home on sick furlough, probably of typhoid-related fever. The death of Joseph Gudger's wife, Elizabeth, during the war added to Gudger's considerable grief in the Civil War years.[60] The staggering number of wartime losses of close family members most certainly took a huge emotional toll on Gudger and likely contributed to his decision to take his life.

The suicide of cotton magnate, lawyer, and loving father Henry H. Cumming of Augusta, Georgia, which sent shock waves throughout the state, is another case of an elder Confederate who was deeply affected by wartime suffering. He died by his own hand in his office a year after surrender. The only reference to motive in the newspaper fell under the vague pronouncement that Cumming had been under the influence of "mental alienation" for months. A wealthy man, leading citizen of Augusta, and committed Confederate, Cumming was devastated when Robert E. Lee surrendered. In May 1865, prisoner Jefferson Davis was marched through Augusta en route to set sail down the Savannah River. Federal troops quickly arrested anyone displaying signs of disloyalty, so the throng of curious Confederates who gathered in Augusta streets to catch a glimpse of Davis remained unusually quiet—except for one. Henry Cumming, in an audacious display of respect for the former president of the Confederacy, removed his hat until Davis had passed, defiantly declaring, "Mr. President, I salute you." Less than a year later, Cumming was dead. Melancholy had consumed him. Five of his adult sons served in the Civil War: Alfred, a West Point graduate, attained the rank of brigadier general in the Confederate army and was wounded three times;

Thomas served in two infantry regiments, was wounded, and was captured more than once; Harford, a physician, enlisted in the 5th Georgia Infantry then transferred to the medical department; Joseph Bryan, a lawyer like his father, rose to the rank of second lieutenant; and Julian, also a lawyer, was an adjutant in the 48th Georgia Infantry. He fought at Gettysburg, was wounded, and was taken prisoner. While at Johnson Island, Julian took ill and died in March 1864. Thus Henry Cumming had sacrificed five children to the cause that was lost; it cost one son his life. Postwar economic difficulties also loomed, which jeopardized his ability to properly provide for his family. He worried his wife would be brought to "poverty and want." Heralded as "the soul of chivalry," he was eulogized as a friend to the weak and friendless, "amiable in all relations of life."[61]

While no suicide notes exist for these elder Confederates who took their own lives, the postwar memoir by Cumming's son sheds light on what he believed led to his father's suicide and may well offer insights into the suicides of other elderly ex-Confederates who lost sons to the failed independence movement. Joseph Bryan Cumming's explanation for his father's suicide, while conveying circumstances particular to Cumming, privileged grief, mental exhaustion, and financial woes, the source of suffering for many a beleaguered Confederate father. Joseph Bryan described a father beaten down by four years of war that "had been a great strain" on him. Pointedly, five sons served in the military and were never far from his thoughts. "Hardly was there ever any of the great battles in which at least one of these sons was a participant." Three sustained severe injuries; one died. Cumming also suffered significant financial losses as a result of the war. Non-war-related triggers, too, added to Cumming's stress. His nephews sued him in his role of executor of his parents' estate. Upwards of $50,000 of family savings had been placed in the Bank of Augusta, which defaulted as a consequence of the war. Cumming began to worry that he would not be able to prevent his wife's descent into poverty. LeeAnn Whites has pointed out that white Southern men like Cumming were unmanned by the inability to provide for the wants and needs of their wives and children after the war. Cumming was "unable to 'protect his wife' in the face of political defeat and economic loss," resulting in shame. With his "nervous system broke down," he sank into profound depression. "His unhappy state of mind and his forebodings of poverty grew worse," causing him to take his life almost a year to the day Lee surrendered at Appomattox Court House. Suicide allowed Cumming to escape the burdens he could not escape in life: financial distress, emotional suffering, and defeat.[62]

Confederate men also grieved the loss of brothers to war, and profound mourning sometimes devolved into despair. Mark Ridgell returned to the land of his birth, South Carolina, for a family visit after the war. He lived in

Texas for years. But plans for a joyous family reunion were upended by Ridgell's suicide while visiting his brother John. In June 1872, Ridgell shot himself with a Colt's pistol. There is no way to know why Ridgell traveled to South Carolina or whether he had been back to South Carolina before this time. If he had not, much had changed. A civil war had ripped apart the country; five brothers, reportedly, and his father were dead. The Civil War had a hand in some of the deaths. Ridgell himself had joined the Texas state home guard, a unit composed of boys, older men, and the disabled. At nearly forty, his age likely shielded him from active military service, at least for a while. Or perhaps because he was a schoolteacher, he was permitted to serve in the militia instead of the army. Unlike his brothers back in South Carolina, he saw no military action; he never left the state of Texas with his unit. The eldest of twenty-three Ridgell siblings and half-siblings, Mark had at least five younger brothers who served in various South Carolina infantry companies, of whom three appear to have died during the war. Norris Thomas Ridgell, a year younger than Mark, died in a Mississippi hospital in 1862 following a "Yankee raid at Boonville." Felix Ridgell, who is listed as age nineteen but was probably much younger, was killed in action at Gettysburg. Tudor Ridgell, a bit older than Felix, died during the siege of Petersburg according to family accounts. Brothers Daniel, and William fought, survived, but succumbed shortly after the war to illnesses seemingly related to ones they initially contracted as soldiers. While records are incomplete, silent, or even contradictory, it is clear that Ridgell lost no fewer than three brothers in the war and an additional two shortly after; Ridgell's elderly father passed away, too, in 1870. The newspaper account of Mark Ridgell's suicide did not conjecture about whether grief played any role in fueling his decision to take his life. Any speculation about survivor's guilt would have been anachronistic, of course, but the oldest brother who was alive while five younger brothers were dead, three of them directly as a result of the war that he himself avoided, might well have experienced deep guilt. Telling, though, was the newspaper's targeting of "the influence of strong drink," which, readers were assured, "worked to his destruction." In fact, it is entirely conceivable that Ridgell turned to drink to ameliorate the mourning of multiple family members' deaths.[63] Yet no extant source makes that connection, unlike the case of James Green, whose insanity was explicitly linked to his despair over losing three brothers during the war. The twenty-six-year-old entered the South Carolina asylum a year after the war delusional, talking and laughing to himself.[64]

The children of soldiers have been the least studied victims of the Civil War, yet they certainly suffered as surely as other family members did. To quote a Northern woman who had been a child during the war, the Civil War

"made itself felt."[65] Youthfulness did not shield the youngest victims from the horrors of war. Children, especially Southern children, experienced the absence, and sometimes the deaths, of a father, brother, uncle. They internalized the emotions of adult relatives around them, those gripped with anxiety, grief, and fear, and they sensed the panic in a household and community when rumors circulated that the Yankees were coming. In short, Southern white children, as James Marten has shown, integrated the war experiences into views of themselves and their world. Homelessness, dislocation, deprivation, and grief profoundly affected even the smallest of children. Older children, especially boys, felt pressure to fill the shoes left by their fathers and older brothers. They suffered guilt and sorrow when loved ones died at the front. When the war ended, fathers returned to find their children virtual strangers, their relationships strained and awkward. Suffering the ill effects of war trauma, veteran fathers displayed short tempers or meted out harsh punishments. Borrowing from studies of twentieth-century wars, we know that children of veterans manifested difficulty sleeping, eating, and toilet training, symptoms of stress within the newly reconfigured household. As children from the Southern war zone transitioned into adulthood, they often displayed physical and psychological symptoms that stemmed from war and its aftermath.[66]

Psychiatric experts later in the century contended that the spike in asylum admissions could be explained in part by the physically and emotionally broken soldiers who returned home and the negative effect their presence had on their children. Struggling veterans imparted to their children "a delicacy of organization and susceptibility to external influences, often leading to mental disease." Veterans' children who began turning up in asylums were proof that "the influence of a great and momentous event . . . is made potent through laws of transmission to the present generation by producing mental and physical degeneracy."[67] They exhibited pathologies like alcoholism and emotional volatility, mimicking their fathers. One such case was that of seventeen-year-old Willie Burnett of Sparta, Georgia, who came home drunk one night around midnight and, not surprisingly, encountered angry parents, who followed him to his room. In the midst of the row, Willie threatened suicide, then grabbed a nearby Derringer, placed it over his heart, and fired, causing almost instantaneous death. Willie's father, William Burnett, was one of Sparta's "best citizens" and a Confederate war veteran. The death of a young son is tragic enough, but the news account referenced the suicidal death of an older son, just a few years prior. Suicides by two sons, one of whom may have also taken up drinking, may suggest a household torn apart by the war, and they highlight the unique anxiety of children of fathers gone off to war.[68]

The war and its aftermath unleashed a bevy of changes and conditions that made coping in the wake of loss trying at least, unbearable at most. The "distressed state of the country" enveloped many white Southern men, veterans and non-combatants alike, leaving them incapable of imagining a better, improved life. For them, death promised relief from the dreaded Yankee subjugation, from the untold suffering, and from the humiliation of being unable to protect and provide for their families, as sanctioned by the nineteenth-century code of masculinity.

Chapter 7

All Is Dark before Me

Confederate Women and the Postwar Landscape of Suffering and Suicide

> We are a conquered people. Henceforth, we must live subservient to Yankee domination. We have no country to be proud of; no flag to point to; the hated stars and stripes are floating insolently over us. . . . No wonder then that I feel like lying down to die.
>
> —Elvira Bruce Seddon, April 11, 1865

Lost Cause acolytes obscured the lived experience of Confederate women after the Civil War as much as they did women during the war.[1] A deluge of testimonials by ex-Confederates extolled white women's tenacity, strength, and devotion to the cause after the war, claiming white women were critically indispensable to the postwar recovery of the South.[2] The glorification of Southern white women, especially their resiliency, rests in tension, though, with another salient Reconstruction motif, that of the demoralized, long-suffering South. Contemporaries as well as the Lost Cause faithful described the gloom and despair that enveloped the postwar South. Confederate veteran George Cary Eggleston's postbellum recollections capture the devastation and profound despair that descended on the South after the Confederate loss: "The country was exhausted, and nobody could foresee any future but one of abject wretchedness."[3] There is much truth in the claims of misery in the defeated South. Four years of war had cost the South considerable blood and treasure. Families that lost male relatives to battle or disease struggled to sustain themselves and stave off starvation. Fields, factories, churches, and homes lay in ruins. Bridges and railroads were destroyed, eviscerating the region's infrastructure. Confederacy currency was worthless, cash scarce.[4] Creditors stood almost no chance of collecting their debts, while debtors futilely attempted to stave off creditors, unleashing a torrent of bankruptcies, property seizures, and foreclosures, essentially ushering in the collapse of personal and commercial finance throughout the South. Land values plummeted, while tax debt mounted. Emancipation represented not only a devastating loss of wealth, but the loss of labor; the withdrawal of freedpeople created a labor shortage that left plantations and farms crippled. Livestock, tools, and produce had been seized or destroyed by one or both armies,

contributing to even greater shortages. Defeat left the region impoverished and its future in doubt. The destitution and misery recounted by white Southerners after the war had basis in fact.

Women, in the Lost Cause script, suffered the most. Eggleston explained, "The case of the women was a very sorry one indeed."[5] Ex-Confederate general Matthew C. Butler summed up, if verbosely, the sorry state of women in the defeated South: "Disappointed in the failure of a cause for which they had suffered so much, baffled in the fondest hopes of an earnest patriotism, impoverished by the iron hand of relentless war, desolated in their hearts by the cruel fate of unsuccessful battle, and bereft of the tenderest ties that bound them to earth, mourning over the most dismal prospect that ever converted the happiest, fairest land to waste and desolation, consumed by anxiety and the darkest forebodings for the future, they have never lowered the exalted crest of true Southern womanhood, nor pandered to a sentiment that would compromise with dishonor."[6] Simply put, Confederate women had been let down and were now holding the bag. Confederate acolytes saw no contradiction in hailing Southern white women as resilient heroines while claiming they had suffered greatly during Reconstruction. Lost Causers wanted their cake—the war was a horrific event that unleashed untold agony and despair, felt most acutely by vulnerable white women—but they wanted to eat it, too: white Southern women remained stalwart, brave, and resilient through all the suffering. White women faced immense adversity yet displayed heroic, noble strength as they held up a hurting nation. Eggleston again: "They kept their spirits up through it all . . . cheerfully borne."[7] Confederates celebrated white women's ability to endure through suffering and to comfort and minister to the needs of demoralized men.[8] Southern white women were at once victims and superheroes.

Lost Cause canonization of Southern white women after the war obfuscated the lived experiences of women in the postwar South and hid from view the legion of Confederate faithful who faltered emotionally and psychologically. While depicting the region as utterly devastated by war, to garner sympathy and divert attention from the responsibility the Southern states bore for starting the war, Lost Cause boosters asserted that Southern white women's psyches emerged from the war tested but unscarred. While many white women did show considerable pluck and fortitude in the trying circumstances of defeat and devastation, many did not. This chapter examines the lives of Southern white women who found the burden of living in the turbulent postbellum South unbearable and who broke under the weighty material, financial, and emotional constraints of the postwar landscape. Most had suffered severe trauma and loss during the war—invasion, evacuation and dislocation, the death of a loved one—and so entered the postbellum period

compromised emotionally, only to face additional hardships. Women's continued suffering is documented in reports of widespread depression among women and their institutionalization for mental illness and in cases of suicidal ideation and activity.

The suffering of ex-Confederate women was highly gendered. White women in the antebellum South had been socialized to believe in their own inferiority and weakness; paternalistic promises falsely assured them they would be shielded from masculine tasks like providing for and protecting their families. Consequently, many women who bought into the paternalist claptrap became emotionally crippled when tasked with extraordinary and unfamiliar responsibilities and obligations during and after the Civil War. Some could barely cope; some refused to cope; many failed to cope.[9] Widows, young mothers, and children, the most vulnerable of the region's civilian population who should have been safeguarded by paternalistic commitments of protection, felt the pressure points of defeat and sacrifice most acutely. To be sure, many Southern women learned to stand on their own during the war. But as recovery loomed in the far-off distance and rebuilding took interminably long, continued upheaval and dislocations compounded women's suffering after the war. The collective trauma and despair experienced by the South's white women, on whom so much responsibility was placed during the war and then after, chipped away at the emotional reservoirs of the Confederacy's women, already well tapped. As Stephanie McCurry has shown, women's consent was neither solicited nor granted when the Confederate nation commenced, yet secessionists shamelessly invoked the trope of protecting women, a central tenet of the rebel narrative. Ironically, in launching a bid for independence, which it cloaked in the rhetoric of protecting white womanhood, the Confederacy did unfathomable, enduring harm to its professed chief beneficiaries, white women and children.[10]

Confederate women after the war faced three significant challenges: first, the most rudimentary, mere survival (securing basic means to live, such as food and shelter), then the reconstitution of their families (redefining relationships with men or rebuilding families without male heads of household), and, later, rebuilding their communities (redefining their relationships with others in the community and the state). "Survival work," a term used by Annette Kuhn to describe the situation in post–World War II Germany, was the first order of business for women of the South after the Civil War.[11] Eventually women shifted their attention from survival work to rebuilding relationships. Oftentimes the two tasks overlapped. The confluence of physical devastation,

economic collapse, and uncertainty about the future, however, significantly hampered efforts at rebuilding personal relationships, families, and community in the postwar South.

The first obstacle to survival was the psychological well-being of the region's women in the face of continued hardship. Defeat brought Southerners face-to-face with despair; supporters of the Confederacy emerged from the war demoralized, disoriented, and unsettled about their future.[12] A collective melancholy enveloped the defeated South as its inhabitants struggled to make sense of the pervasive death and destruction that surrounded them. The shock of Lee's surrender, the reality of accepting Yankee domination, and financial ruin left white Southerners bewildered and hopeless for their communal and individual futures. Confederate women recorded their despondency in diaries and letters. Catherine Edmondston lamented war's end: "Sorrow on sorrow! No one is well, no one is happy!"[13] Kate Stone of Louisiana struggled to reconcile the incongruity of beautiful spring weather with the news of Confederate surrender, dubbing it "this grievous spring," forever to be associated with the pangs of loss and defeat. Fall brought no relief; she opined: "No wonder Mamma is so discouraged. Since My Brother's return, we have all had the blues."[14]

Confederate women reacted to news of the South's defeat with fear, numbness, and hopelessness about their future in language that bespoke widespread depression. Edmondston confessed to her diary in June 1865: "The future stands before us dark, forbidding, and stern. . . . At present all is as gloomy as can well be, at home present domestic discomfort and dismal anticipations of still greater evils to come."[15] Dispirited Southerners like Catherine Barbara Broun saw signs of melancholy everywhere. "The trees look sad. The roses in full bloom, look sad. The house seems desolate."[16] Many like Sarah Wadley openly acknowledged being consumed by depression. "I am depressed almost to despair. Life seems to have lost its interest, earth its beauty."[17]

Like Confederate men, women loyal to the Confederacy struggled after the peace to accept defeat of their cause and subjugation under Yankee rule. Some, like Edmondston, spewed hatred and defiance. "The Vulgar Yankee nation exults over our misfortunes, places its foot upon our necks, and extols its own prowess in conquering us."[18] Others, like Stone, expressed resignation: "*Conquered*, *Submission*, *Subjugation* are words that burn into my heart, and yet I feel that we are doomed to know them in all their bitterness. . . . We will be slaves, yes slaves, of the Yankee Government. The degradation seems more than we can bear. How can we bend our necks to the tyrants' yoke?"[19] Submission was hard to swallow for a people steeped in honor culture. Women bristled at the idea of Yankee domination.

Some ex-Confederate women, enveloped by shame and despairing of conquest, could not imagine a future living under an occupier and turned to death wishes to imagine a way out from under defeat. Elvira Seddon, upon hearing the news out of Appomattox, cried: "We are a conquered people. Henceforth we must live subservient to Yankee domination. We have no country to be proud of; no flag to point to; the hated stars and stripes are floating insolently over us. . . . No wonder then that I feel like lying down to die."[20] Hannah Rawlings's thoughts turned to death, too, upon learning the South had lost the war. "I felt as if I could lay my head in the dust and die."[21]

Given the ubiquity of suffering in the Civil War years and after, it should come as no surprise that some white Southern women sought escape through death, either through fantasy and delusions or by effecting suicide. Octavia Otey fantasized about her own death as a way to escape the economic hardships and melancholy that engulfed her postwar existence. In death, she imagined, she would be "at peaze [*sic*], at rest, and never know trouble any more."[22] Death promised an end to worldly suffering, a reprieve from sorrow and agony. "Life seems very sorrowful and full of trouble to me. I would be glad to be gone from this weary world."[23]

Postwar fascination with death, historian Gaines M. Foster suggests, offered defeated Southerners a temporary reprieve, a "psychological escape," from the grim circumstances that surrounded them and clouded their ability to see anything but a bleak future.[24] Otey never acted on her death wishes. Nor did Cornelia Peake McDonald, who recalled how, just months after the war ended, she was so consumed by worry—rent was due with no money to pay it; the pantry was empty; winter was coming and the family lacked the means to stay warm—that death invaded her thoughts. "I did not think; nor did I dare to pray the impious prayer that God would destroy us, but I wished it; I desired at that moment to be done with life." Her faith, though, pulled her through those dark thoughts when she feared the "attacks of the Tempter," presumably the temptation to end her life.[25]

Ubiquitous depression among former Confederate women emanated from grim circumstances after the war. The material and economic devastation of the region was calamitous and pervasive. According to James M. McPherson, "The South was not only invaded and conquered, it was utterly destroyed." By war's end, two-thirds of the assessed value of Southern wealth and two-fifths of the South's livestock had been decimated.[26] Industries and agriculture were demolished. The region and its people faced a monumental challenge to rebuild. Alabama alone estimated it had lost $500 million in property.[27] Much of the region's inhabitants had been reduced to destitution, making mere survival, the first order of business for the postwar South, a dubious prospect. Impediments to a family's survival in the postwar South were

legion. Ex-Confederates faced indigence, malnutrition, scarcity, disease, loss of income and wealth, as well as the loss of a means to generate income.[28] Dwellings and barns lay in ruins, so basic shelter eluded some Southerners. Seeking refuge with relatives could prove problematic; chances were good other family members were equally taxed beyond their means and unable to offer support. Wartime scarcity limited the availability of staples like meat, breads and grains, and corn and forced many Southerners to do without or to improvise. Octavia Otey complained bitterly about her family's meager, monotonous diet. "I am so tired of corn bread and fried meat."[29]

Common folk were not the only ones teetering on the brink of starvation.[30] Southern elites also faced the challenge of surviving. Cornelia Peake McDonald, a widow whose husband died shortly after being released as a POW, recalled how, in the months after the war, she was so weak from hunger she could barely go up and down the stairs.[31] The formerly affluent sold off family heirlooms and valuables to buy food, as depicted in the pages of *Harper's Weekly*. (See figure 11.) The middling and poor who owned few treasures were less fortunate.[32]

Survival in the face of such monumental hurdles overwhelmed many white Southern women, quite a few of whom unwillingly had inherited, through death or disability, the job of head of household and thus became responsible for the welfare of their families under extraordinarily challenging circumstances. Emma Holmes bemoaned the elusiveness of basic provisions. "Day by day it becomes harder to get money . . . for the necessities of life."[33] Southern white women, even elite women, despaired over their destitution. Many failed to see a way out of the misery attendant to war's end. This inability to see a brighter future had a hand in the suicide of forty-year-old Cornelia Davis, who hanged herself in a smokehouse in December 1873. The "reduced circumstances" of Davis and her husband, Jarret Davis, longtime residents of Americus, Georgia, were believed responsible for this and an earlier attempted suicide when Davis jumped into a well.[34]

Octavia Otey did not kill herself, but constant worry over indebtedness took a toll on her mental health and led her to believe she might "go crazy" over her inability to improve her finances. She wrote in 1871, "I feel like I will go crazy if I can't get the money to pay my debts." A few days later, more of the same: "Very low spirited indeed today." Otey's financial prospects had not improved even five years later. "I can't make plans at all or look forward to doing anything as I have no money. I have not even got money to buy the necessities of life. . . . I have no way out of this and all is dark before me."[35]

Declining property values further complicated Southerners' ability to pay off debts. Selling off property became a common way to raise money, but plummeting land values contributed to dwindling family fortunes already

Figure 11 A grieving Civil War widow is reduced to selling her late husband's pocket watch to a pawnshop in order to take care of her family. "The Last Relic," *Harper's Weekly*, December 12, 1868. Courtesy of University of North Carolina Libraries.

reeling from the loss of slaves to emancipation. Catherine Edmondston complained bitterly about declining property values after the war. "At one blow we have lost a large portion of our property. Father's is diminished by $350,000 or $400,000 and what is sadder still, his liabilities remain the same, whilst his inability to meet them is lessened ten fold!"[36] White Southerners were caught in a crushing financial vise: rising indebtedness hindered the ability to pay off one's debts.

Southern women, many of them war widows, faced the unfamiliar task of renegotiating the terms of their debt, while jumpstarting business and farming enterprises. Indebtedness nearly overwhelmed widow Octavia Otey, a novice at negotiating terms of debt and credit. Pressured by her creditors, Otey, desperate and alone, sued her debtors to get out from under the rising weight of debt and financial duress. In 1876, she fretted, "No money to buy anything."[37] A few weeks later, Otey approached someone about a loan, but believed her chances were diminished by the fact she was a woman. "It is a hard case because I am a woman. I can get no help and that is what they say. No man wants to have business dealings with a woman."[38] Southern white women without men faced the double burden of taking on the new responsibility of managing debt, while facing discrimination with whom they had dealings.

Southern women also struggled to pay heavy tax bills that rose dramatically after the war.[39] Octavia Otey despaired over how to raise the money to pay taxes. "The tax collector gave me notice that my taxes were due and gave me until next Saturday week to pay the $86.56 due. I have no idea where I will get the money."[40] Emma Holmes, a South Carolinian who lived with her widowed mother, complained about the U.S. government's insistence that the family pay back taxes from 1861, since "the past separation." The Holmeses faced a stiff penalty and even the sale of property if the tax bill went unpaid. The strain of additional taxes in the postwar economic crisis, and the possible forfeiture of property, represented just one of many new day-to-day worries that occupied Southern white women like Holmes and contributed to the depression that haunted her long after the war.[41]

Thousands of Southerners emerged from the Civil War homeless and penniless, which cost many Southern white women their psychological well-being. "Loss of property" was a general term commonly assigned as a cause of mental illness throughout the nineteenth century and usually implied financial and/or material loss. In the context of war and its exigencies, however, "loss of property" took on additional connotations. Because during the war Southern homes, structures, and all of their contents were targeted by Union (and sometimes Confederate) troops, especially late in the war, their destruction and loss naturally distressed inhabitants who were made homeless or destitute as a result. Georgia widow Ann Reese tried to kill herself on several occasions, once with a razor, once by a drowning attempt, and a few times by grinding up glass and kneading it into her bread. Her suicidal gestures were attributed to "loss of property." Reese was the head of her household in 1860 and boasted personal property worth $12,000. There were six children living at home, ranging in age from four to fifteen. Over a decade of caring for a large family alone, coupled with wartime property loss, seems to have

broken Reese. In fact, she died a month into her admission to the Georgia asylum.[42] Henrietta Passmore's bout with insanity, like Reese's, began during the Civil War, though she did not enter the Georgia asylum until 1867. Among the reasons given for her debilitation were loss of property and "the general state of the country."[43] Forty-year-old Winnie Gladden's manifestations of insanity did not materialize until after the war, but caregivers pointed to "troubles connected with invasion of the country by the federals, [the] destruction of her house by them etc," as the source of her psychological instability.[44]

The devastation of the Gladden home and property also meant that the family, like so many other Southern families after the war, relocated and began a pattern of repeated moves in the aftermath of war. Before the war, the Gladdens had lived in Walker County in northwest Georgia. At the time Gladden was institutionalized, the family appears to have lived with A. P. Allgood in neighboring Chattooga County. By 1870, they had relocated to Arkansas. Geographic dislocation and relocation, brought on by push-pull factors including the physical destruction of homes, the desire to seek out extended family, and the search for shelter and jobs, inserted considerable uncertainty and disruption into the lives of postwar Southerners. For many Southern women the pattern of dislocation had begun during the war when families relocated to stay out of harm's way and when, in the final stages of war, the Union army forced evacuations on the civilian populations. Unsettled by being uprooted from home and community, by the loss of personal property, and by temporary quartering in unfamiliar surroundings, Winnie Gladden's emotional stamina may well have reached its limits in April 1866, when her family oversaw her admission to the asylum in Milledgeville.[45]

Adding to white women's stress was the loss of slave labor that diminished wealth as well as necessitated new arrangements for household labor. Slaves constituted the largest part of white Southern wealth before the war. With the end of slavery, many white Southerners, from middling folk to wealthy planters, were wiped out financially. The loss sent some white Southern women reeling. A single Georgia woman, Mary Bynum, became violent, threatening to burn down her brother's house due to insanity that had been precipitated by the "loss of all her property which consisted of negros [*sic*]."[46]

The loss of slave labor in the South meant that former slaveholders had to negotiate labor terms with freedmen and freedwomen, a new role for all white Southerners, but especially so for white women left husbandless. Considerable discord between whites and the formerly enslaved injected a new source of conflict into postwar households that stressed many white women, especially those serving as household heads. The inevitable rifts between the formerly enslaved and ex-masters or new employers at times embedded strain

into Southern households, black and white, as the principals negotiated new terrain including contractual arrangements and entertained unprecedented discussions about compensation and terms of employment. Altercations with freedpeople—mainly over contracts and terms of employment—were endemic after the Civil War and contributed to postwar stress among white Southerners, as did the perceived chaos and turmoil created by an unfamiliar world without slaves.[47] Betty Meriwether returned to her Memphis home after the war to find it intact but occupied. The squatting family vacated immediately, but the freedmen camped out on her front lawn—"abandoned lands"—refused. Only multiple confrontations and the threat of legal action finally convinced the freedmen to move on.[48] Valeria Bass of Rome, Georgia, entered the asylum in 1869, ostensibly due to "fright" attributed to "some difficulty" between her new husband and "the negroes in his place." Valeria had married Nathan Henry Bass Jr., a veteran, shortly after the war. The timing of her illness, following the birth of two children, the youngest of whom was eight months, suggests an obstetrical malady may have played a role in her institutionalization. Someone close to her, likely her husband, though, attributed Valeria's "aberration of mind" to contention with freedpeople. While postpartum complications probably explain her disposition to physical and psychological ailments—"raving and rapid incoherent talking," gnashing of teeth in her sleep, and nightmares—the Bass family believed the unsettled relations with former slaves played some role in her demise.[49]

Widows who inherited the responsibility of negotiating terms of free labor were particularly vexed by the negotiation processes. Before the war, Southern white women largely deferred to menfolk regarding the supervision of slave labor. Without husbands to guide them, some Southern women lamented their own inadequacies and inexperience in procuring and overseeing freed labor. Octavia Otey, newly widowed in June 1865, grew exasperated in her attempts to negotiate the terms of free labor with the newly freed slaves. Otey, who suffered from depression in the postwar years, identified her dealings with freedmen and women as a major source of her depression. She recounted numerous conflicts with the freedpeople with whom she contracted as laborers on her farm. The "negroes" complained about the meager rations of corn she dispersed to them. They demanded she supply them with firewood. Otey complained about Berry Penny, a "great rascal," whom she claimed could not get the cotton crop to town promptly and whom she eventually sued over cotton prices.[50] As a woman, Otey's authority was challenged regularly. She groused that the "negroes . . . won't work or do what I tell them to do." Otey's own indecisiveness and inexperience apparently cost her respect among her African American workers. Otey and women like her faced a postwar problem that most men did not: freedpeople directly questioned her authority,

openly displaying disdain for her as their employer. In fact, she feared losing "all influence with the negroes," who clearly did not respect her. She desperately needed their help, but she wished them, and the problems of managing them, gone. Contentious matters with her black workers and tenants, to Otey's mind, caused her debilitating bouts of anxiety and melancholy. "It is a hard life I lead," she confessed after releasing one of her workers, but then second-guessed her decision.[51] More than any inherited task, the management of freed labor proved the most troublesome to the widow Otey, one that contributed to her psychological distress.

Loss of slave labor also meant that former slaveholding women, many for the first time, had to step up and do much of the housework themselves including washing clothes, ironing, cooking, and cleaning, exhausting new routines to which they were unaccustomed.[52] Cornelia Peake McDonald described how she took over, rather ineptly, in the kitchen for a departed servant. She struggled merely with boiling water and carrying the hot kettle, which she dropped, scalding herself.[53] Manual labor had important implications for elite Southern women's status, which, before emancipation, had been built on the backs of slave women. Now former slaveholding women had to stoop to the perceived indignity and humiliation of doing manual labor themselves.[54] Newspapers, cognizant of white women's new situation and eager to offer encouragement, stressed the dignity of domestic labor, even asserting that the household would function more efficiently without slaves, about whom slaveholding women complained mightily.[55] Regardless, many women viewed the reconfiguration of household labor as another source of demoralization and depression. To boot, the additional work came on top of even more work for women who lost husbands in the war, adding further to their stress.

Southern women occupied a milieu of defeat, devastation, and destitution that required their unprecedented engagement in alien financial matters and the redefinition of their roles within the household, which left many emotionally unsteady. Lacking a modern clinical vocabulary and scientific understanding, they instead described their feelings in the vernacular of their time: they were discouraged, sorrowful, crazy, low-spirited, gloomy. They were depressed and had the blues. These articulations of mental distress by women emerging from a war zone would sound familiar to contemporary social scientists who study the impact of war on female civilians. Investigations of postwar societies in the twentieth century show that widespread and long-term psychological problems are common in the aftermath of war. Symptoms of clinical depression, anxiety, and PTSD pervaded postwar

societies in Asia, the Middle East, and Eastern Europe, though the rates vary widely. Between 38.5 percent to 67.7 percent of those populations that emerged from war exhibited symptoms of depression; up to 87 percent experienced PTSD.[56] Of course, no social scientists existed in the 1860s to conduct surveys about the mental health consequences of the Civil War on Southerners, but given the vast literature on later wars that identifies a correlation between the stress of war and declining mental health, it is a safe assumption that Southern women, like those in other societies at other times, suffered greatly after the Civil War and that much of their personal suffering directly correlated to the war and its aftermath.

War-induced or war-related mental illness manifested in Southern white women in myriad ways, from the benign—an inability to continue writing in one's diary—to the more serious, aberrant behaviors including self-injury that might result in institutionalization or suicide.[57] Southern women's depression and anxiety took many forms. Despair left some, like Catherine Edmondston, bedridden. "I have no heart to be well! My bed is I believe the best place for me." Other signs of clinical depression took hold. Edmondston lapsed into a "drowsy dream" and confessed to feeling "benumbed" for hours.[58]

Not all women became suicidal or suffered clinical depression due to the war, even though most certainly all suffered emotionally to some degree. Why some women broke under the stressors of the war while others survived, even thrived, under devastating circumstances perhaps cannot be known. Equally perplexing are the reasons some Confederate women collapsed psychologically or became suicidal. In most cases, the historical record remains silent about causation. Even when nineteenth-century medical experts or family members weighed in on the matter of causation, their knowledge about the causes of mental illness was limited, so their conclusions may have been faulty or shaped by their own worldviews inflected by gender. Nor is it likely that just one event would have triggered a psychic breakdown of a Southern woman. Emotional breakdowns are rarely caused by a single factor. Yet the common thread in the cases of all the women discussed in this chapter is that they lived under very trying circumstances that were directly related to the war and its consequences.

Two stories of Southern white women—Nancy Dempsey and Louisa Matheny—who experienced psychological crises demonstrate how multiple war-related strands shaped their personal lives in ways that almost certainly contributed significantly to their breakdowns after the war. Both women became suicidal and were institutionalized within a year of war's end. Nancy Dempsey was only twenty-seven in 1865, but the war had aged her. Husband Henry returned home safely after a three-year stint with the 18th Georgia Infantry and resumed farming in Conyers. When Henry had departed for the

front, he left behind a twenty-three-year-old wife and three very small children, ages one, three, and four. He probably took solace in the large extended family in Newton County to look out for Nancy; Nancy's father, Joseph Hamilton "Ham" Almand, was one of fifteen children. But the Almands, too, were sending off their men to fight the Yankees. Nancy's younger brother, James Thomas Almand, enlisted in the 35th Georgia Infantry, as did a gaggle of other Almands. Dempsey's cousins and uncles signed up for the duration and of those, at least four of Nancy's male Almand cousins died between 1862 and 1863. Consequently, Nancy had few male kin on whom she could rely during crises, like when her youngest child, a daughter, died of scarlet fever in February 1864. Six weeks later, the Dempsey-Almand clan rejoiced with the news of brother James's homecoming. He had survived thirteen engagements and been wounded only once, but he had become ill and was hospitalized in Virginia. Ham Almand traveled to retrieve his ailing son, who had become infected with typhoid fever. He lived only two weeks before dying at home in north Georgia. Two other Almands, a cousin and an uncle, died in April 1865 from respiratory diseases contracted while in military service.[59]

Reconstituting a household after the war under the shroud of death and grief proved challenging for Nancy and Henry Dempsey. Henry took the required oath of allegiance in June 1865 that permitted him to return home to Georgia and to Nancy, who conceived a child quickly, her fourth. She gave birth to Rebeca in April 1866 and experienced a recurrence of what were likely postpartum psychoses, which had first emerged in 1861 when her daughter Sophronia had been born. Symptoms following the birth of Rebeca, though, intensified. Nancy twice tried to cut Henry's throat, and on another occasion she attempted to murder her sister. Nancy also tried to hang herself. Given the risk she posed to herself and others, admission to the state asylum seemed warranted. Meanwhile, the parade of death continued for the Dempsey family. Four-month-old Rebeca contracted scarlet fever, like her sister two years before, and died.[60]

Modern-day readers recognize the obvious links between the psychological and biological stressors in Nancy Dempsey's life and her emotional debility that manifested in homicidal and suicidal behaviors and resulted, ultimately, in her institutionalization. The deaths of a brother, myriad cousins and uncles, and two small children; anxiety about the welfare of her husband and other male kin; managing a young family alone; postpartum psychoses—all of these took their toll on young Nancy, who weathered the final year of martial conflict living in a war zone through which the federal army marched in the final months of the war. Physicians at the Georgia asylum, though, knew none of what Nancy had gone through the previous several

years. Or, if they had, they failed to connect Nancy's personal suffering to her destructive, violent behavior. She remained a patient for a year before being discharged, after which she returned home to Conyers, Georgia, and resumed life as wife and mother. She gave birth to four more children, three of whom lived into adulthood, and lived until the age of sixty-six.

Nancy Dempsey's story demonstrates how a variety of factors, some directly war-related, some not, converged to upend the life of one Southern woman in the years after the war and render her incapacitated. Her story, however common or uncommon it might have been, is far less familiar than that of the steel magnolia, the mythic creation of the Lost Cause that heralded ex-Confederate women as tenacious and indomitable. Thousands of Southern women like Nancy Dempsey collapsed in the wake of defeat.

Louisa Matheny, younger than Dempsey, was another who succumbed to war-related mental distress. Two physicians from Barnwell County examined the twenty-one-year-old in November 1865 and judged her insane. Her condition had worsened about six months prior, and although the physicians did not address the purported cause of her diminished state, their situating her deterioration in spring 1865 roughly corresponds to the end of the war, when she and her family would have been living in a war zone. Matheny was the oldest child living in the Graniteville, South Carolina, home headed by Daniel and Lucinda Matheny before the war. Evidence hints at the family's relocation during the war. The physicians' letters in 1865 identify Louisa as a resident of Windsor, then part of Barnwell County, two counties over in the up-country, probably where her some of her mother's relatives resided. By 1870, Matheny had returned to Graniteville, suggesting the move to Windsor had been war-related and temporary, perhaps coinciding with her father's departure to the front. Relocations during the war were usually precipitated by threat of an invading army or the need to seek refuge with extended family, both of which signaled a crisis.[61] Adding to stress on the Matheny family was Daniel's absence and his stint as a soldier. The former overseer became ill or injured shortly after he left home and ended up at Chimborazo Hospital, from which he was discharged for being "overaged." Louisa's aberrational behavior amidst the maelstrom of war was especially severe: she begged for weapons so she could destroy herself. The war in her backyard, her father in the army, relocation and disruption of daily life—any one of these might have triggered a crippling breakdown for a teen. Displacement in a war zone especially leaves many civilians in a distressed state. A modern study of a twentieth-century war found, for example, that two-thirds of displaced peoples suffered from some kind of mental disturbance or feelings of being upset.[62] But Louisa also bore heavy responsibility as the oldest child in the family. About age seventeen when the war broke out, Louisa would have taken

on added duties helping her mother maintain the household of several younger siblings in her father's absence.[63]

Louisa Matheny and Nancy Dempsey were at very different stages of life when war broke out. Matheny was an unmarried teenager; Dempsey, a young mother and wife. Both came from humble families. Both emerged after the war broken by personal hardships created or exacerbated by war. The little information we have about the two offers no definitive causation of their psychological declines. Yet the common thread in their lives, indeed, the common thread in the lives of many broken women in the postwar South, is the experience of war and its aftermath and the multiple strands of war-related factors that combined to break women after the war.

While the stingy historical record may yield a hint or two about a possible cause of severe mental illness or suicide in the postbellum world, causation, as in the cases of Dempsey and Matheny, was most likely prompted by more than a single event or trigger. Take the case of Eliza Newton of South Carolina. At age forty, she entered the asylum in Columbia after at least five years of living in a "state of imbecility." She and Joel Berry Newton had married, probably in the mid-1850s, and had at least eight children. Asylum records show that when she was admitted in 1878, Newton was melancholic and exhibited suicidal behavior. She had begged her doctor to provide her with medicines to kill herself. Heredity, some believed, played a role in her declined state. Severe depression ran in her family. One brother had killed himself; another was expected to follow suit. But was it heredity, as patient records hint? Or might it have been the result of personal shocks, including the war-related deaths of relatives? At least four of Eliza's brothers served in the Civil War. An older brother, James Asbury Gable, died in Tennessee in 1864. Records do not show cause of death, so it is possible he is the brother who took his life. Another brother, George, was released as a POW from Camp Chase and died in 1863, apparently from asthma. In addition to her brothers serving in the Confederate army, so did Eliza's husband, Joel, adding to Eliza's emotional strain. Joel suffered gunshot wounds at least twice and was captured and held by the enemy late in the war. Other factors, not directly tied to the war, also contributed to Eliza's hospitalization. Records establish the onset of "imbecility" five years before her admission to the asylum, a time that would have roughly corresponded with the birth of her youngest child, suggesting her psychological affliction may have been linked, to some degree, to a postpartum disorder. Eliza was not institutionalized until long after the war but, given the tendency for families to delay institutionalization, often for years, it is likely she had been symptomatic long before her admission in 1878. Something, however, triggered a collapse about that time, causing her family to seek her admission in an asylum. One possibility was that her

husband had been charged with raping their daughter in the fall of 1877. For reasons unknown, the shocking charges were dropped in February 1878, just months before Eliza was admitted to the asylum. The timing of the accusation and her decline intimate a causal connection. If so, then, what role did the war and postwar conditions play in Eliza's demise? The extraordinary demands of the war and living in a war zone with the sole responsibility for caring for a young family may have served as an underlying cause of her mental break, with the direct trigger being the allegation that her husband had raped their daughter. In other words, Eliza survived the war-related suffering only to have been broken years later by an unrelated incident. Had her reservoir of emotional strength been taxed by wartime losses and despair, leaving her incapable of weathering later traumas?[64] The answer is unknowable. But the story of Eliza Newton hints at the long-lasting effects of war-related emotional suffering on Southern white women well after surrender.

Beyond mere survival, which proved stubbornly elusive to many Southerners, women in a society emerging from warfare are tasked with the reconstitution of families. Quite a few Confederate women became war widows, necessitating the transformation of temporary wartime household structures and roles into permanent ones. For women whose husbands returned, the transition to peacetime households proved challenging as well. Wives embraced their returning husbands, some of whom were physically disabled, some psychologically damaged. Many husbands returning from the war front were unable to work, or were unemployable in their previous positions, and so the burden fell on women to support the household. Non-combatant ex-Confederate men likewise were susceptible to the same economic and social pressures endemic in the postwar South and their families struggled to reconstitute themselves. Consequently, household problems manifested in myriad social pathologies: domestic discord, a rise in violence in and outside the home, and increased stress and depression. Marriages after the Civil War sustained enormous strains, and women bore the brunt of the sometimes dysfunctional relations within the reconfigured families.

While probably over 300,000 Confederate soldiers died of disease or injury during the war, nearly 200,000 Confederates were wounded in action, many of whom came home with serious physical wounds.[65] Large numbers of men returned missing a limb, disfigured, chronically ill, or crippled.[66] Even those considered in good health returned malnourished, feeble, or debilitated.[67] As outlined previously, veterans also returned home with emotional scars incurred from war trauma. Wives initially rejoiced at the homecomings of loved ones, but quickly realized the war had changed their husbands in

ways that profoundly affected their relationships. Most ex-soldiers were eager to resume their work at their previous places of business or occupations. Husbands, though, returned to a decimated economy that would take years to rebuild, so most struggled to find employment. Not all veterans were physically or psychologically fit to hold a job, so consequently white women were, most for the first time, forced to seek paying positions. Ella Gertrude Clanton Thomas became a teacher when her husband lost everything.[68] Mary Chesnut launched a successful butter and eggs business that helped sustain her family.[69] While most Southern white women eventually adjusted to the new requirements, the inability or unwillingness of some men to work, requiring women to do double duty in and outside the home, created tension in marriages. Moreover, women, by necessity, during and since the war, had acquired unprecedented autonomy and independence during the war. Husbands returned home to find their wives changed. Historian Elizabeth D. Heineman, who studied postwar conditions in Germany in the 1940s, argues that because separation and war caused married couples to grow apart, men's "return would not mean a smooth return to the peaceful conjugal life of memory. Instead, it would reveal a deep crisis in the family."[70] Although Southern marriages largely remained intact during Reconstruction, most suffered some degree of ill effects from the postwar crisis.[71] The worst cases of marital discord resulted in women experiencing severe psychological disabilities including suicide. Quite a few wives of Confederate veterans ended up in Southern asylums. Rarely if ever, though, did asylum officials remark on a patient's husband's service record, an omission that suggests they did not see a connection between a patient's condition and her husband's military experience. Seen from a modern perspective, and based on recent studies on the impact of war stress on families, it seems inevitable that at least some of the problems attendant to postwar marital reunions, on some level, contributed to white women's psychological ailments.

Some Southern white women who suffered from psychological disorders after the war were married to men who had been wounded while serving in the Confederate army. The death of a male head of household or adult male children obviously put Southern women in highly vulnerable financial positions that compromised their future. Less obvious is the impact that ill or injured veterans had on their families' viability. Jeffrey W. McClurken found that families of wounded or ill veterans in Pittsylvania County, Virginia, those he termed "alive, not healthy," suffered nearly as much as those who lost male family members due to death. One imagines that physical incapacity of adult males in a household necessitated extra labor of women, placing considerable physical and emotional strain on wives and mothers of these ailing soldiers. Wives or mothers likely became distraught, first by the news of a male

relative's injury, then by the stark realization of the consequences of living with a wounded husband or son. The emotional fallout of living with an incapacitated husband or son who struggled to come to terms with temporary or permanent disability added to the financial drain on the household and the additional labor required of adult women in the family to compensate for the loss of male labor.[72] This may have been the case with the suicide of Priscilla Eberhart, who hanged herself in the smokehouse in 1875 while her family was at church. While the news account offered no motive for the suicide of the forty-three-year-old Georgia woman, military service records reveal that her husband, James, had suffered multiple serious medical issues while a soldier, earning him a disability discharge from service due to acute medical issues. The Eberharts saw their combined wealth plummet by two-thirds from 1860 to 1870, jeopardizing their family farm.[73]

Young families faced special challenges in the postwar years. Robert Sanders Anderson Jr. enlisted in the Georgia infantry in 1862 at age nineteen as a private, but was promoted to captain. He was wounded twice, in June 1862 and again in May 1864. While on furlough recuperating from this latter injury, he married Charity Brown, about seventeen years old. After the war, the Andersons grew their family. Following the birth of her fifth child in five years, Charity Anderson was committed to the insane asylum as a "lunatic." Her mental disorder appeared less than a week after the birth of her last child, so attendants believed her condition was linked to her recent childbirth. She was discharged about six weeks later and does not appear to have had any relapses despite having an additional six children, or at least she does not appear to have returned to the asylum. Perhaps Charity's "lunacy" was childbirth-related. With five children under age five, she could have easily felt overwhelmed by the responsibility of caring for the large, young brood. We know little of her husband and his health; we know nothing of what scars he might have brought home after surrendering at Appomattox. He was well-off compared to others, with his total real estate and personal wealth in 1870 topping $10,000. After the war, he served as county sheriff, though failing health necessitated an early retirement.[74] So while the couple escaped severe financial stress in the tumultuous postwar years, their young age at marriage may have rendered them vulnerable to emotional strain. McClurken found that war-generated separation hit young married couples especially hard. Once reunited, they would have had to start from square one to figure out what it meant to be married, no small task coming as it did on the heels of "life-changing events and experiences" like a husband living with war wounds and living "in the midst of a stressful postwar, post-slavery economic world."[75]

Rarely after the war did anyone connect combat experience and domestic abuse or marital turmoil, though given modern knowledge about the social

pathologies exhibited by traumatized soldiers when they return home, there was certainly a link whether Southerners recognized it or not. Veterans and non-veteran Southern men alike faced challenging times after the Civil War, and it would not have been uncommon for family members to bear the brunt of men's frustrations through emotional or physical abuse. The account of a suicide of an anonymous Southern elite woman in 1871 stands out precisely because it does draw a line from a Confederate officer's fall from grace in the army to alcoholism and to the physical and emotional abuse of his wife, though to be clear, the husband's deficient character, not the war, was believed the cause of his fall. An Atlanta newspaper printed the tragic story of a Southern belle—from a "Southern city famed for its beautiful daughters"—who married a gentleman lawyer known "for his fine looks and skill in all manly attainments." She was twenty-three; he, thirty-six. By all accounts, the newlyweds were "one of those rare unions in which both parties are of such mental and physical perfection as to promise a life of more than common happiness." Shortly after the wedding, though, war broke out and the fairy tale unraveled. The husband enlisted "of course" and was made a colonel. In 1864, "E. K. Harrington," the pseudonym attached to the bride, made her way past the lines to New York, where her husband had been taken as a prisoner and permitted to live in the city "on parole." Rumors that "Colonel Harrington" had been accused of being a coward had made their way to the couple's home state of Georgia and were seemingly confirmed, in the eyes of some, by his aversion to taking part in a prisoner exchange. Reluctantly, his wife broached the subject during her visit, imploring him to rejoin the Confederate army. Incensed, he struck her, inaugurating a life of abuse worsened by his intemperance. His wife, though, steadfastly loyal, refused to leave him. The "hard drinking" continued; "the brutality increased, her misery rose daily." Sometime in 1868, after a "stormy scene" with her drunk husband, she fled their home intending to drown herself, but a fateful intervention by a friend in whom she confided her purpose dissuaded the distraught wife from the attempt. Thereafter, the abused woman spoke of suicide often with her friends and defended the morality of self-murder, saying that "there were some wrongs, some miseries, which only a self-inflicted death could end." Her eventual suicide precipitated great empathy and prompted the admonition that readers should "judge not, that ye be not judged."[76]

Like the "Harringtons," the Doyles of Richmond struggled after the war, though they were definitely not elites and John Doyle was not a veteran. Their marriage, by all accounts, was a contentious one. Margaret Doyle, possibly in her sixties, maybe younger, complained to a neighbor that her husband, John, "was a great bother to her." One time he threw her out of the house.

Another time, after her husband had spent the night at an "improper place," she took a bottle full of laudanum. Both drank excessively. Margaret confessed to two neighbors that she no longer wished to live. On the night of December 11, 1872, she got her wish. Margaret Doyle jumped off a Richmond wharf into the James River to her death.[77]

In the most bizarre suicide attempt by the wife of an abusive Civil War veteran, a Missouri woman commandeered the cannonball her husband brought back from Vicksburg as a souvenir and jerry-rigged an explosive device by pouring gunpowder on a plate on top of which she placed the cannonball. She then sat on top of the plate and lit the powder, expecting to be blown to smithereens. While the explosion predictably did considerable damage to her lower extremities, the ball never moved, and hence her demise was not effected. The cartoonish effort at suicide should not mask the powerful symbolism of the wife's method of choice: a relic of the war, a prized possession, in which her husband had fought. The Missouri woman was not content merely to end her life. She surely could have chosen any number of easier or more accessible options. Instead, she creatively devised a mode of self-inflicted death that had meaning for her husband, strongly implying a connection between the war and the "ill-treatment" she received at the hands of her husband.[78]

Women in poor mental health because of abusive husbands sometimes ended up institutionalized. Caregivers at the asylum in Columbia, South Carolina, had little doubt that the cause of Mahuldah Dill's suicidal behavior was abusive treatment by her husband. "Hulda" Pruitt married Abraham Dill, a poor farmer, in 1875, following the death of his first wife. Dill had lived next door to the Pruitts, almost certainly relations of Hulda's. Following the death of his wife and one daughter, a twin, Dill brought the remaining twin into his marriage with Hulda. In short order, the marriage turned tumultuous. Hulda became melancholic and tried to commit suicide with a knife. Hulda's father, Elisha Pruitt, initiated the commitment process, so his accounting of her ill health, citing "ill treatment" by her husband, was conveyed to caregivers. Hulda's husband is not listed in her medical records, but he almost certainly was "A. J. Dill," who served in the 16th South Carolina Regiment and who had several medical furloughs. Dill appears to have overstayed one sick furlough following hospitalization in Columbia and is listed in May 1863 as a "prisoner." A more serious injury later in the year landed him in an Atlanta hospital and then home on a forty-day furlough, after which he did not return to his unit immediately and was considered AWOL through much of 1864. In November of that year, Dill was arrested, presumably for being away without proper leave. All of this is to say his service record reveals several significant health and injury issues as well as a reluctance to return to duty.

There is no record of any discord in his first marriage, so we cannot know his mental or physical conditions upon his return home. Over a decade later, however, he saw his second wife institutionalized just three years after they wed. Four years later, upon discharge, Hulda refused to return to Abraham's home. Instead, she lived with a number of relatives, and Abraham took up with another woman, with whom he had children, though Hulda and Abraham appear not to have divorced.[79]

Abandonment constituted another form of abuse that Southern white women suffered after the Civil War that might well be attributed, in part, to the difficult adjustment former soldiers were expected to make when they returned to their families. Cornelia Smith entered the Georgia insane asylum in July 1868. The mother of one, considered "weak minded" by some, had become suicidal, threatening to cut her throat, and had once attempted to hang herself. Though asylum officials believed Smith had a hereditary predisposition to insanity, they conceded her condition had been greatly aggravated by her husband deserting her after he returned from the army.[80] Francis Cobb's husband, Wesley, who served in the war, appears not to have been in her life when she was admitted to the asylum in 1867. The cause of her insanity was determined to be "desertion by her husband," though it is not clear whether he deserted her or the army or both. Either one, though, might have triggered mental distress.[81] An Atlanta woman, "in a fit of despair and misery," unsuccessfully tried to hang herself in 1871 but was thwarted by her vigilant mother and neighbors, who rescued her from her noose. When asked why she had made the attempt on her life, she replied that her husband had abandoned her to "worship other idols."[82]

The deaths of hundreds of thousands of Southern white men during the Civil War and the financial straits many Southerners found themselves in required entire households to reconfigure in order to pool resources and tap extended kin and social networks. Inevitably, friction emanated from the melding of households. In one case of attempted suicide, an unidentified Atlanta woman, a widow who had remarried a widower with children, tried to kill herself by taking an overdose of laudanum. The news account attributed her suicide attempt to the "unhappiness" between husband and wife generated by the difficulties of blended families.[83] Jane Sims sacrificed her husband to the Confederate cause, forcing her to move in with a brother. The loss devastated Sims, who five years later was denoted by the census taker as "insane." Two years after that, she entered the asylum in Milledgeville, where attendants chalked up her insanity to her husband's death. Yet her demise likely was also linked to the set of events triggered by that death, including her inability to

remain in the household she had set up with her husband and moving into a home that included five small children. By 1872, her condition required institutionalization.[84] War widows like Sims, unable to maintain a household alone after the war, were forced to move in with another family member, which, under the best circumstances, could be trying or unpleasant.

Disruption or breakup of the family household and relocation during wartime would have been very unsettling to all involved, but especially to children, and almost certainly compounded feelings of anxiety and alienation during the war and long after. The suicide of an eighteen-year-old Virginia woman in 1872 took place against the backdrop of such a relocation. Lucy Farley was a seven-year-old child living with her parents, William and Julia Farley, on the south side of Virginia when war broke out. William died sometime before 1866, though his age—he was fifty-four when the war started—probably precluded him from having served in the military. Two older stepbrothers enlisted; both appear to have survived. At some point, maybe during or shortly after the war, Lucy's mother, now a widow, relocated to Richmond with her young daughter. Julia had worked as a seamstress alongside her tailor husband while he was alive, but by 1870 she was a schoolteacher boarding with two older unmarried women, sisters, who rented rooms in Richmond. If the Farley women made their way to Richmond seeking opportunities, they would not have been alone. Relocation to an urban area in the postwar era was a rational choice for widowed women seeking to support dependents. Seen from the perspective of a young teen who had lived through several traumatic events in her formative years—a tumultuous war, residing in a war zone, the death of her father, two stepbrothers away in the military—the relocation to a new home, in a new city, and boarding in a household with two other (non-relative) adults would have been disruptive and unsettling.[85] There is nothing else in the historical record that might explain why, in 1872, Lucy took an overdose of laudanum to end her life. The coroner's jury did not offer an explanation or rule on intent; there are no other accounts of the circumstances of her death. If she left a note, it did not survive. But one must consider the personal tumult this young girl experienced early in her life—the death of her father, sending off two older siblings to war, a forced relocation, a household of diminished standing after the war—and whether any of this traumatized her or affected her psychological well-being as a teen.[86] At minimum, the disruptive context of her family life in a war setting provided a shaky foundation for a young girl trying to maneuver through difficult emotional and financial circumstances.[87]

Like Lucy Farley, Martha "Mattie" Dunlop was a child living in a hot war zone that forced her relocation from her family's home in Petersburg to that of relatives in North Carolina. Mattie was twelve or thirteen when Yankee

gunboats sailed up the James River, forcing the Dunlop women to flee. A refugee, Mattie spent the waning months of the war living with the Edmondston family, separated at times from some or all of her siblings and, at times, her parents, while suffering from bouts of homesickness. Catherine Edmondston pitied the girl: "Poor homesick little child, from my heart I am sorry for you!" It was at the Edmondstons' where the "angel of Death" brought the sad news that Mattie's older brother Colin had been killed by a "Yankee bullet." Another brother, John, appears to have survived despite being wounded at the second battle of Manassas.[88] As a child, Mattie was less equipped than adults to manage and weather the traumatic life-changing events like the loss of a brother and forced relocation. Gauging the psychological impact of the wartime dislocation on Mattie's psyche, given the paucity of sources, is an impossible task. Yet, one has to wonder how the unsettling and traumatic events between 1861 and 1865 shaped her emotional well-being in the years following the war and whether those experiences contributed in any way to the twenty-two-year old's intentional overdose in 1873.[89]

Modern studies of the impact of war have shown them to have very harmful and long-lasting results on children. In one study, a majority of child survivors of war displayed signs of PTSD. Emotionally injured children added stress to postwar families in the South, hindering the healthy reconstitution of families. Moreover, manifestations of war trauma continued decades after the end of war, so the impact of war trauma on children was long lasting.[90] A sustained and focused study of the psychological impact of the Civil War on children needs to be done, but several instances of suicidal activity by Southern girls after the war may be instructive. The suicide of twenty-one-year-old Mattie Davie, over a decade after the Civil War, raises questions about its long-term effect on her psyche. While staying with her married sister in Columbus, Georgia, in 1877, Mattie became depressed and suicidal, telling friends and family she wished to die and prompting them to remove ammunition from all guns and pistols on the premises. Mattie, though, located some cartridges for a Colt's pistol, which she used to shoot herself through the heart.[91] Those closest to Mattie blamed her suicide on ill health. It is conceivable, however, that the fallout of war and loss, even years later, contributed to her self-inflicted death. Mattie was born around 1856, so she would have been a child during the war. The Davie family had been hit hard by the war and its aftereffects. Mattie's father, Wellborn G. Davie, had been a well-off Georgia planter who, in 1860, held real estate valued at over $7,000 and personal property, including slaves, worth $20,000. By contrast, in 1865, the only income or property Davie claimed was a single carriage, an indication the war had wiped out the Davies financially. Five years later, the census taker attached no wealth, in real or personal property, to Davie. The war likely

ushered the Davie family into financial ruin. Mattie, although a child, would have been well aware of the family's stressful situation. Mattie had also lived in a household in which four older brothers left home to go off to war. Concern about the absence and welfare of four older brothers was surely embedded in Mattie's consciousness and had an impact on her as she grew into adulthood.[92]

Like Mattie Davie, Rachel Devers of Virginia, just seven when the Civil War erupted, experienced life-altering events during and after the war, including a fractured household that may have created conditions that contributed to her suicide. In 1860, Rachel lived with her parents, James and Elizabeth, and two older sisters in Wythe County. James enlisted in the army in 1862 at the age of thirty-six, but spent much of his time ill, recuperating in a hospital or at home. James's death, probably during the war, initiated significant changes, including the breakup of the household. Elizabeth relocated to adjacent Bland County, probably to be closer to James's older brother Henry. It is possible that Rachel moved in with her uncle, because when reporting the news of Rachel's suicide, the *Staunton (Va.) Spectator* misidentified Henry Devers as her father. War widows who could not adequately care for all their children often farmed some out to family members, so Rachel may have been placed, even temporarily, in her uncle's home. Broken households, such as the Devers, necessitated by the loss of a father also meant the loss of protection, especially for female children. Sixteen-year-old Rachel gave birth in March 1870 to a male child, who died the following month, right before or after she took her own life, begging the question of paternity. Was the father a family member in whose care she had been entrusted? Her uncle? Or the farm laborer who lived with him? Was Rachel the victim of a non-consensual sexual relationship, or did she take advantage of the absence of a male protector to engage in intimate consensual relations? Would she have been shielded from sexual abuse or more closely supervised had her father lived? Seen in this light, one might consider Rachel Devers a casualty of the Civil War just like her father.[93]

As a child, Bettie Cox suffered considerable war-related trauma growing up in Marshall County, Mississippi. The youngest of twelve children by William and Rhoda Cox, "Elizabeth" was seven when the war broke out. She had three older brothers—John, George, and Benjamin—all of whom served in the Confederate army and appear to have died in the service of their country. (Common surnames and family names make identification in the historical record difficult, but it seems she might have lost all three, though the sources contains contradictory evidence.) John Calvin, the eldest of the Coxes' children, who lived in Arkansas with his wife and young family when the war broke out, joined up with the 7th Arkansas Infantry. Many family histories

show him as having been killed at Vicksburg in 1863, though there is no official evidence to substantiate that claim. An oral history account makes clear why descendants linked his death to Vicksburg. According to testimony purportedly given by his daughter, Amanda, aged six or seven at the time, John Calvin Cox was on furlough about the time of the siege of Vicksburg, visiting his parents' home in Mississippi, when he was seized by federal soldiers in a sweep through the area, never to be seen again. Brother Benjamin Cox enlisted in the 11th Mississippi Infantry, but died of measles in July 1861 at the age of twenty-five. Service records show that George W. Cox, also in the 11th Mississippi Infantry, died in Richmond in April 1862 at age twenty-nine. Bettie Cox's father, William, likewise perished during the war years, but his advanced age of fifty-six when the war broke out suggests he was not engaged in the military. Bettie's mother was widowed and left with the responsibility of seven children, but was denied the support that might have come from three adult sons. As a child, then, Bettie lived in a household that had sacrificed four male relatives to, or at least during, the war. If Amanda Cox's recollection of her father's abduction is accurate, Bettie was likely present for the federals' raid on her family's farm and witnessed, or at least heard about, her older brother's seizure. The personal trauma and loss endured by a young child just might have scarred her psyche in a way that makes her gruesome, later death understandable, at least as an underlying cause of her suicide.[94] Six years after the war, Bettie Cox hanged herself from a tree, mystifying a community. Why would a young girl, with no previous history of insanity, nip her young life "in the heyday of its bud"? Perhaps she had been under the influence of quinine, as the newspaper article reporting her death suggested. Such an explanation, however, ignores a series of life-altering, traumatic events unleashed by the American Civil War and inscribed onto Bettie Cox's childhood.[95]

Women in the postbellum South afflicted with emotional stress, anxiety, or depression often resorted to self-care for relief through the use of opium and its derivatives, morphine and laudanum. After the Civil War, opiates were used extensively by medical professionals to treat a variety of ailments, from diabetes and syphilis to mania and consumption. They were believed to provide emotional relief and equalized blood circulation to the brain.[96] Asylum superintendents, too, relied heavily on opium or morphine, its alkaloid derivative, to treat conditions like mania and melancholy. Use of opiates increased after the 1830s as they became more accessible and less expensive. Opiates were readily available at most apothecaries and grocers and were even marketed as sedatives for children.[97] (See figure 12.) The pervasiveness of

Figure 12 Mrs. Winslow's Soothing Syrup, which contained opiates, was widely marketed as a sedative for children and readily available at many apothecaries and from grocers (1886). C. Wayne Weart Apothecary Trade Cards Collection. Courtesy of the Waring Historical Library, Medical University of South Carolina, Charleston, South Carolina.

opiates and opiates-based products offered a relatively easy way to commit suicide. Apothecaries would not be suspicious if a woman intent on ending her life requested laudanum, as its use by women was common. Moreover, because so many women possessed laudanum, any woman flirting with the notion of killing herself probably had the vehicle to do it right in her cupboard.

Southern women like Catherine Edmondston's sister, Sophia Turner, turned to opiate products for all manner of ailments, including depression and anxiety, from which she suffered during and after the Civil War. Just as the war had gotten underway, Sophia suffered the loss of a small child, which greatly depressed her. Weeks after she buried her baby, Sophia's husband, Josiah Turner, received an appointment as captain in a North Carolina cavalry unit that was stationed in the eastern part of that state. Worry gripped Sophia, who was bedridden with anxiety and fear in January 1862 over rumors about an impending federal invasion at New Bern, where her husband was stationed. Catherine remarked that her sister had "fretted herself almost sick," explaining that "Sophia is much afflicted at the death of her little girl and her husband being absent she broods over her greif [*sic*] too much." Sophia's worries were not unfounded. Union forces attacked rebel troops in and around

New Bern in April 1862, and her husband was struck in the head by a minié ball, which fractured his skull, rendering him unfit for duty. Josiah returned home to Sophia, where, six months later, he continued to suffer "terribly" from his wound. By April 1864, Sophia was in feeble health.[98]

Anxiety about her husband's fate as a soldier; the death of at least one child, the birth of another; a husband who returned from war with a serious head injury in need of significant care and nursing: life-altering events such as these in the context of a civil war plunged Sophia into a debilitating state of depression. The end of the war brought little relief. Josiah became embroiled in the political wars of early Reconstruction in North Carolina in what was known as the Kirk-Holden War of 1870, even being imprisoned for a short period of time.[99] Sophia turned to morphine to ease her pain and, in time, she became addicted. Josiah grew irritated with his wife's demeanor and behavior, telling her once that her addiction caused him "deep felt mortification." She had turned their home, he complained, into a place of "torture and torment." Eventually he committed his wife to the asylum in Raleigh, at which point he appears to have abandoned her. She died there in 1880. But she left behind testimony to her personal agony in the form of a small booklet of autobiographical poetry. One poem, dated March 1878 and titled "Insanity," speaks to the intense feelings of loneliness and fear that disabled her:

Oh say! is there grief any greater
Than to feel that your mind's giving way,
Or can there be Cross any heavier
Than for Reason to yield up her Sway?

To feel that your thoughts are all floating
Away from your grasp one-by-one
Never stopping a Prayer to mutter
Not *even* "Thy will be done."

To feel that your friends are all thinking
T'were better for you to have died
Before this dark cloud came upon you
And *Reason* resigned *Her Pride*.[100]

Sophia Turner was not alone in turning to drugs or alcohol to salve psychological wounds. Octavia Otey, for example, calmed her nerves with morphine when she became agitated that the hogs were eating chickens that had wandered into the pigpen.[101] By all accounts, many women under stress or depressed resorted to opiates to self-medicate. Many of these succumbed to death by overdosing. What remains obscure is the intention of women who

died by overdose. Did they intend to kill themselves? Or did they miscalculate dosage and die accidentally, the result of self-medication gone awry? Fannie Beattie Dunn, aged twenty-five, died of a morphine overdose in November 1872, her intention unclear. The Virginia woman had been married six years and had no children. Newspapers make no mention of the motive or reason for her taking the morphine, so it is uncertain whether her death was planned. Fannie had been a single teen during the war years. At least one brother served in the Confederate army and survived. At nineteen, Fannie married Dr. William Logan Dunn in 1866, a soldier and surgeon in the war. There is no way to know if the two had a prewar relationship, but if they had, Dunn's service in the army would have weighed on her. Dunn enlisted as a soldier in the Washington (Virginia) Mounted Rifles, but was reassigned to the medical staff. He was captured outside Loudon County in October 1863, but exchanged a month later. Apparently he preferred fighting to doctoring and so resumed duties as a soldier. After the war, he returned to Washington County, where he continued his practice of medicine, published articles in medical journals, was a member of the American Medical Association, and married Fannie Beattie. With a physician for a husband, Fannie would have had easier access to drugs than most. How she obtained morphine, however, is less of a mystery than why.[102]

When women died from the effects of overdosing on opium or some other narcotic, it is likely they were taking it as a sedative for anxiety or depression, making it even more difficult to discern intent in overdose deaths. For example, Lucy Farley, a Richmond resident for fifteen of her eighteen years, died of opium poisoning in 1872, though the coroner made no finding regarding intent.[103] Carrie Edwards, a married twenty-six-year-old Richmond woman died of an overdose of laudanum in 1871, intention unknown.[104] The increase in reports of overdose deaths by women suggests at minimum heightened emotional problems, whether or not victims deliberately ended their own lives. Southern women relied on narcotics to nurse themselves through painful times, whether to sedate themselves or to effect death purposefully.

Because alcohol use was more associated with men and masculine culture, more women turned to opiates to self-medicate than alcohol. Alcohol and alcoholism, though, factored into women's poor mental health in the postbellum South in two ways. One, reports that identified alcohol abuse—"intemperance"—in women revealed that some women had taken up drinking as a coping mechanism for their personal problems. Women like Bridget Gannon, a thirty-year-old widow from the Atlanta area, entered asylums as "demented inebriate[s]." Her case history indicates she had been "almost incessantly under the influence of liquor."[105] Two, alcohol use preceding a suicide might indicate an attempt to imbibe "liquid courage," an effort to

summon the nerve to end one's life. Such may have been the case with the suicide of a New Orleans woman in 1866, which was attributed to her addiction to drinking. She had twice attempted suicide before, but failed.[106]

Southern white women turned to substance abuse to nurse a wide array of emotional problems in the postwar years. As burdensome as a depleted economy was to white Southerners, as troublesome as freedmen and freedwomen could be, as humiliated as Southerners felt by the loss of the war, nothing contributed more to the personal and collective malaise of the region than the horrific loss of life linked to the Civil War. More than any other ostensible "cause" of white women's psychological ailments, death or deaths of loved ones figured prominently as a trigger for white women's emotional collapse.

Widows felt the impact of the deaths of their husbands acutely in the postwar years. Wives of course grieved for the emotional loss their husbands' deaths created, but grief was compounded by the realization that a husband's death meant the loss of income and the likely breakup and reconfiguration of a household. Dire postwar economic conditions fell hardest on widows, especially those with small children. Without husbands, widows faced unprecedented financial woes without the means, namely resources and skills, to procure income.[107] Women who may have taken on jobs as temporary heads of household during the war, now, with the deaths of their husbands, had to maneuver the added exigencies of the postbellum Southern society as permanent family heads. Loss of a husband obviously represented heartache, but it also precipitated concerns about survival. Just one year after war's end, twenty-nine-year-old Sarah Jane Deloach, an Alabama widow, entered the Georgia insane asylum. She had threatened suicide several times, once by drowning, before being institutionalized. Her husband, Thomas Clement Deloach, a physician, died about the time of the Civil War, though it is not clear if his death was war-related. Sarah likely maneuvered through at least part of the war without him by her side. The two had wed in 1855 and had two children, but Thomas brought five children into the marriage, following the death of his first wife. Consequently, Sarah Jane would have had the responsibility for managing the large, young Deloach household. With her physician-husband's death, Sarah's ability to support her family also evaporated. Further taxing Deloach's capacity to care for her family under trying circumstances was her past history of mental illness. Records disclose that she had battled "insanity" for about fifteen years.[108]

It is often impossible to isolate grief as the sole or primary cause of a widow's psychological distress when so many other stressors in the postwar years were in play. For example, a seventy-four-year-old Georgia widow was

institutionalized in late 1868, ostensibly because of loss of property. But other factors, some related to the war, likely played a role in her mental decline. Mary Kimbell's seventy-five-year-old husband Christopher, a farmer, had been quite comfortable financially before the war, when his combined real estate and personal property totaled over $25,000. Neither appears to have been alive by the 1870 census, so there is no way to assess their wealth after the war, but insanity triggered by the loss of a small fortune is a possibility. Another underlying trigger for Mary Kimbell's mental collapse may have been the wartime deaths of at least two of her sons. Four sons appear to have served in the Confederate army, with Christopher Jr. dying in a Richmond hospital in 1864, the result of a wound, and George succumbing to illness in 1862 while on furlough. So while asylum officials were told the cause of Mary's breakdown was loss of property and her husband's death a few years earlier, wartime losses of two sons likely played a role, too, leaving her distraught and debilitated and not in good stead to face the dire conditions of the postwar South.[109]

The emotional impact of losing a life partner was cause enough to trigger mental instability. For white women living in the postwar South, mourning a husband translated into practical financial problems, like how to feed a family without his income. Mary Mann Page Newton of Virginia was committed to the Western State Asylum in Staunton in 1873, necessitating her children moving in with their grandfather. Newton's friend, Maria Fleet, recorded the cause of her diminished mental state as "the care of her large estate, debt, and other troubles." Newton's husband, William Brockenborough Newton, had been killed during the war in September 1863. In addition, the family home, Summer Hill, located on the road to Richmond, had been "devastated" by multiple enemy raids.[110] Wartime deaths of soldier-husbands and the onus that placed on their wives rendered some widows no longer able to function. Rachael Holden was a war widow who ended up in the asylum in Milledgeville in January 1869. The alleged cause of "insanity" was a uterine disorder, but records indicate her husband died of measles during the war, leaving her to care for their three young children.[111] The death of John Crawford, a Tennessee veteran and former POW, in 1870, left his widow and four children without a male head of household. Mary Crawford, his widow, later hanged herself.[112]

Carrie Cobb's suicidal behavior in the late 1870s was attributed to grief over the death of her husband, sixty-five-year-old James H. Cobb, but there were other aggravating factors that contributed to her debilitated state. While the death of a long-term partner would understandably plummet a woman into depression, two considerations directly linked to the context of Cobb's situation also go a long way in explaining her mental collapse. The first of these

is the postwar economic climate in which Cobb's death occurred. Carrie Cobb inherited a precarious financial outlook for herself and for her children upon her husband's death. James H. Cobb's obituary lamented the demise of a man held in high esteem in the community, as evidenced by his election as sheriff years before. He had been a "substantial merchant" at one time, too, but had fallen on hard times since the war and never fully recovered. In 1860, Cobb's net worth stood at nearly $50,000. In 1870, a few years before the Panic of 1873 hit, his worth stood at just $1,400. Cobb's customers, also the victims of hardship, had pressed him for loans and credit, to which Cobb was unable to say no. The results of his generosity were "disastrous." He had been forced out of business and become unfit to "earn a sustenance for himself and family." The "loss of husband and property" had caused Carrie to become greatly unsettled in the months after James's death. She had two young boys in her household to care for with her husband gone and their welfare weighed heavily on her.[113]

Carrie Cobb's emotional distress, observers noted, was very much linked to the poor financial standing of her husband, whose business never recovered after the war. Yet her medical records point to an earlier lapse into "insanity" at the time of the Civil War that medical caregivers considered relevant to her current episode. There is no attempt by caregivers to identify specific wartime triggers, though a suspected "cause" of her decline was that she was "troubled about children." Quite possibly her "troubles" emanated from her sons' involvement in the war. Two sons served in the army; one died, the other became ill and was court-martialed. Her eldest, James E. Cobb, a corporal in a South Carolina cavalry unit, died of dysentery at home on leave in September 1863. Her second son, A. B. "Augustus" Cobb, served in the same unit as his brother, and although he survived, he spent some time recuperating in a Richmond hospital and in the brig. He was court-martialed for unstated reasons and spent some time "in arrest." These matters contributed to Carrie Cobb's wartime mental collapse though she apparently recovered. The death of her beloved husband years later, and the financial straits he left her in upon his death, catapulted her back into depression and at risk for suicide.[114]

Widowhood for many Southern women meant added labor, which physically crippled and exhausted them. Although the clinical use of the term "fatigue" to describe the state of the truly exhausted did not emerge until later in the century, white women in the postbellum South, especially the husbandless, clearly suffered from fatigue.[115] Added work and responsibilities compounded feelings of grief, worry, and desperation among Southern widows and pushed many to their limits. To be driven to one's physical limits in the nineteenth century was saying a lot. Exhausting, intensive work, from sunup to sundown, was the norm for many white women; chronic lethargy among

most working-class people was common in the nineteenth century. So for medical caregivers to speak of a woman as being "overworked," as Georgia asylum officials did when admitting forty-two-year-old Mary Ann Price, her added workload must have been extraordinary. The widow worked as a seamstress in Augusta and presumably found it impossible in the postwar years to work hard enough to support herself and her family. Price was institutionalized in May 1866, although she was released just eight months later. She was readmitted in 1869 and remained there until she died in 1911.[116]

Heavier workloads for women was merely one consequence of the large number of male deaths from the Civil War. The disappearance of male heads of household left women like Octavia Otey grumbling and moaning incessantly about the struggles she faced after the war without her husband and older brother to lean on, disclosing the broken promises of the paternalist bargain she implicitly had struck with them. "Every day I see how incapable I am of making a living. I do not know how to take care of anything out of the house."[117] She agonized over her own helplessness, which had been cultivated by an ethos that assured her that dependence on her husband would sustain her. "I do not know how I am to help myself."[118] Otey did not know how to put in the crop.[119] She had no idea what to charge for the sale of beef.[120] Handicapped by the rigid gender roles in place well before the war, Otey struggled to survive after the war. Moreover, postwar Southern social structures failed to bend to accommodate the growing number of women now active in the public sphere. Otey protested mightily that as a woman she was disadvantaged in trying to navigate through the traditionally male public sphere. She dreaded having to bid on the purchase of property, for which she hired a lawyer. "It was a novel position for me and I dreaded it. I ascended the steps with a feeling of friendlessness. . . . I was a woman in a crowd of men." She succeeded in winning the bid even though two men bid against her.[121] She perceived similar gender slights when seeking a loan. "Saw Mr. Rison again about borrowing that money. It is a hard case *because* I am *a woman*. I can get no help and that is what they say. *No man* wants to have *business dealing* with *a woman*. *God only* can or will help me."[122] Southern women who had been indoctrinated to believe in their own feebleness and incapacity, faced life after the war crippled by insecurity, leaving many on unsteady psychological ground.

Otey attributed the sources of her personal stress to the new conditions emerging during Reconstruction, at the center of which was her role as manager of household and farm. A widow, she would have leaned on an older brother for guidance. But he, too died, leaving her to manage home and farm largely unassisted. Studies of modern women who, during and after wars, were forced to take on added responsibilities show that these women became

susceptible to stress.[123] Scholarship on post–World War II Germany confirms that women who assumed additional burdens in the absence of husbands in the backdrop of a defeated and ruined homefront contributed to a severe "crisis in the family."[124] That most certainly was the case with Octavia Otey. Yet historians have not much discussed the emotional costs of war and its aftermath on white women who emerged from the Civil War as the sole parent and provider. The stakes, as laid out by the scholarship, frame the debate largely around two questions: whether or not changes in wartime and postwar gender roles had positive or negative effects, and whether any such effects had long-lasting implications. Underexplored is the emotional and psychological impact of the new expectations for white women after the war. Literate women, like Octavia Otey, expressed their frustrations with unprecedented new roles and challenges, which they believed contributed to their personal suffering. Less well known is the psychological impact on middling and poor white women who left no diaries or letters behind to explain their moods and what they thought lay behind the melancholy.

Despite protracted and debilitating bouts of depression after the war, Otey was never institutionalized. Nor did she act on her death wishes. Hundreds of white Southern women who suffered psychological breakdowns were not so fortunate. Some, disconsolate and overwhelmed, not unlike Otey, considered death to be the only escape and so sought to end their lives. The records of these broken women—short blurbs in local newspapers, brief patient histories—are frustratingly pithy. Occasionally, a purported cause is attached to an insanity or suicide case; but usually not. Even when family members or caregivers shared what they believed to have triggered a psychological lapse, the root causes are almost certainly much more complex, largely hidden, and frequently misunderstood. Elusive as causation of severe mental illness was to nineteenth-century Southerners, trying to understand connections between aberrant behavior and the historical setting of postwar conditions proves nearly impossible. Still, the words of white Southerners—most of whom did not kill themselves or end up in an asylum—reveal the depths of pain and suffering experienced by most. It is not unreasonable, then, to consider that some white women after the war found themselves incapable of weathering the chaotic storm that engulfed the region. The emotional suffering they experienced was manifest by the bulging asylum walls and the "suicide mania" purportedly sweeping the region.[125]

Otey attributed much of her despair to the loss of male figures on whom she could lean during trying times. Mothers who lost sons to the war also suffered greatly in the years following the conflict. In fact, it is in the cases of mothers losing sons that we see the most tortured expressions of grief.[126] The grief attendant to a son who was killed or died while in service to his country

exacted a high, long-lasting cost from Southern mothers. Catherine Edmondston recounted how news of a son's wartime death devastated his mother, who proved inconsolable at his funeral. The woman had been led to believe her ailing soldier-son was recovering, and so she was blindsided when she received news of his death. The mother became unhinged. Friends "feared for her reason." She paced repeatedly while reading the last letter he had written her.[127] Edmondston went on to describe poignantly the dramatic personality change of another friend, Sarah Spratt Polk Rayner, following the death of her eldest son. Before the war, Rayner was blessed with prosperity, a bright future, status. After, the grief—"that of a Christian"—was palpable. "What it is one cannot define, but there is a shadow there."[128] The death of a son left an indelible emotional scar, from which some mothers never recovered.

The death of children at any age, of course, was nothing new to the postbellum South, but several key developments rooted in the postwar experience affected both increased mortality (thus increasing the number of child deaths mothers endured) and how mothers responded to the passing of their children. First, war and the hardships it generated in the South contributed to severe food shortages that continued after the war and that exacerbated malnutrition, illness, and early death. Wartime agricultural shortfalls could not be quickly and easily remedied, so Southern children became quite vulnerable to disease. Consequently, child loss in the postwar South was widespread.[129] Second, with so much destruction and despair enveloping the defeated South, and with such a dismal future, Southern whites began to invest more in their children as they, more than ever, became the repositories of hope. Parents pinned their expectations for a revitalized South on their children. Third, given the financial and emotional failings of husbands after the war and, in some cases, the inability of fathers to provide for and protect their children, many women shifted their focus and affections to their children, imbuing the mother-child relationship with greater meaning and intensity. Ella Gertrude Clanton Thomas, for example, whose relationship with her husband after the war deteriorated precipitously, confessed to a heightened love for her children. "I love all my children more than I ever did before," she wrote in 1870.[130] The death of a child, a common occurrence before the war, became, after the war, infused with far greater meaning. Mourning the loss of a son or daughter in the context of the Civil War exacerbated feelings of loss and personal grief.[131]

For these reasons, the death of a child after the war sometimes served as a tipping point in Southern women's mental health: women had sacrificed and extended considerable emotional capital and expended physical labor throughout the entire war in order to ensure their families' survival. The blow

dealt by a child's death in the years after war pushed some women beyond their capacity to recover, exposing the limits to their resiliency. Mary Worthy, aged twenty-four, had kept the family together under trying circumstances while her husband served in the war. The deaths of three of four children proved more than her psychological constitution could bear, however, and she entered the Georgia asylum at the end of 1865.[132]

Some Southern white women had steeled themselves for the news that a husband had died on the front and, despite the devastating personal loss, showed fortitude and resiliency by persevering through the war, perhaps because mothers recognized how much their children would now rely on them. The death of a child, though, often sparked a mother's emotional collapse. Eliza Hattaway had suffered personal wartime trauma that included her husband's gruesome death in battle and a brother who killed himself. Elisha Hattaway had been struck in the mouth by a minié ball at the Battle of Deep Bottom and died in a Richmond hospital in October 1864. Eliza's older brother had lapsed into insanity and taken his own life. Eliza, though, weathered each one of these startling deaths. It was the death of a daughter, though, one of four children, on the heels of those of her husband and brother, that brought on Eliza's breakdown. She became suicidal and was admitted to the Georgia asylum in May 1871.[133] Like Eliza Hattaway, Charlotte Jordan sustained herself upon hearing that her husband had died fighting for the Confederacy. It took the death of her only child, however, to push her into despair. The Macon woman committed suicide in May 1868 by overdosing on morphine.[134]

Weathering the death of a beloved child was never easy. But mourning children after the war became more arduous given the emotional fragility of many Confederate women who had greatly suffered during the war and who emerged with diminished capacity to sustain future emotional shocks. A number of Southern mothers completely collapsed in response to the postwar deaths of their children. The self-inflicted death of Pemina Fuller of Georgia in 1874, nine years after war's end, indicates both underlying and direct triggers, the former being very much connected to her experiences with war-related suffering and dislocation. Pemina's first husband was Matthew Miles Dukes. They married in February 1861 and had a child the following year. Martial duty called and Matthew enlisted in the Georgia infantry in 1862. Tragedy struck when he was wounded near Knoxville in November 1863 and perished shortly after that. Pemina, aged twenty-one, now a widow with a small child, quickly remarried. In 1864, she married Hiram Fuller, a soldier with whom she conceived her second child, giving birth the following year. Hiram, like many soldiers, suffered multiple serious bouts of illness and injury requiring repeated hospitalization. He bore the scar of a flesh wound on his hip the rest of his life. He had also been captured twice. Although Pemina

left no written record of her concerns, based on the letters and diaries of other soldiers' wives, she must have relived the fear and worry of losing yet a second husband to the war effort. Hiram survived, though, and returned home. Perhaps seeking improved circumstances, Hiram uprooted his family sometime after the war and moved to Arkansas, surely another jolt to Pemina. Pemina, though, endured personal loss and tragedy as well as separation from her family and friends—until the loss of an infant child. While her husband lay sleeping one evening in December 1874, over a decade after the war had started, Pemina placed the muzzle of his loaded rifle underneath her chin and pulled the trigger. Her mind had been affected for some time, readers of the suicide story were told, because of the loss of a child. The newspaper account, however, did not recount the wartime suffering Pemina had experienced before her baby's death that no doubt compounded her personal agony and that left her bereft. The larger context of fallout from war, then, provides much-needed context to Pemina's decision to end her life after a decade of suffering.[135]

Some female patients admitted to Southern asylums after the Civil War betrayed, through hallucinations and obsessions, the deep psychological impact that death could have on a survivor of a war. Given how pervasive death was in the Civil War South, and the ubiquity of experiencing firsthand war-related death, the manifestation of death-themed hallucinations hint at how profoundly troubled Southern women were by their losses, or perhaps their own fear of dying. Some female asylum patients insisted they could talk with the dead. Sarah Padgett, a suicidal patient at the South Carolina insane asylum, tried to convince those around her that she saw dead people lying in their coffins and heard "dead men" speaking to her.[136] Shady Ann Cawley, too, claimed she saw the spirits of her deceased friends and tried to show the apparitions to others. Asylum officials attributed the twenty-two-year-old's derangement to the death of relatives. Cawley went one step further and insisted she was dead, explaining that it was her ghost that friends saw and conversed with, not her.[137] Catherine Talcote, suffering from monomania, was admitted to the asylum in Columbia just months after the end of the war, and she claimed to see and converse with the spirits of her departed friends, all occupants of "difficult planets."[138]

More commonly, female psychotic patients presented with fears of dying or with premonitions that they were about to die. Josephine Belsen, a married Alabama woman, entered the Georgia insane asylum in early 1866. The onset of her "insanity" was situated in the last months of the war, and although she did not attempt suicide, she spoke of intending to set herself on fire. She

also presented with a delusion that she was going to die within a few days, which caused her "great mental agony" and left her "often crying and screaming in a most distressing manner."[139] Rebecca Goodwin tried to drown herself several times before she was admitted to the insane asylum in 1879. Despite being thirty-six and relatively healthy, she was convinced she was "destined to die soon."[140]

Paradoxically, some patients either expressed a death wish or tried to kill themselves while presenting with paranoid thoughts of someone trying to murder them. Martha Morris, a forty-year-old housewife from South Carolina, entered the asylum in 1879 diagnosed with mania. Her patient history indicates that she "wishes for death." Yet she refused to eat because she was convinced someone was trying to poison her.[141] Thirty-four-year-old Catharine Martin was deemed insane and delivered to the South Carolina asylum in 1878. She had tried to kill herself on more than one occasion, by cutting her throat and by choking herself. Yet she expressed a fear of being murdered. Little is known about her personal history but she was one of at least thirteen siblings, including five brothers of military age. In fact, it is likely that at least one brother, William, died while serving the Confederacy and may explain why her mental illness crystallized around thoughts of death.[142]

The long-suffering Alabama widow Octavia Otey—overwhelmed, depressed, fearful, hopeless—ruminated over a lecture she had read and shared with her cousin, Meck, after the war that compared man to the "lordly oak" and woman to the "shoot" growing at its base. Meck remarked that there were few lordly oaks these days, an apparent reference to the diminished pool of healthy men after the war. True, Otey acknowledged, but the oak symbolizes what man "ought to be." And the "clinging vine whose existence is upheld by the tree, an emblem of woman's faith and trust." Carrying the metaphor further, Otey observed that when a storm lays a tree low, the vine falls, too, "and is trodden under foot by every passerby." Otey deeply resented the hardships and privations she endured without her menfolk in the postwar South, whom she blamed for her sorry state. The lordly oaks on whom she, a mere vine, depended and without whom she felt helpless, had let her down.[143] Their demise was her demise.

The Civil War cost the white South dearly in lives, treasure, and psychological and physical well-being. The ubiquitous and multifaceted suffering of Southern white women, borne out of defeat, economic ruin, despair, death, and political uncertainty, exposed the limits of paternalism. Fathers and husbands, the "lordly oaks" on whom Southern white women leaned and depended, failed to shield their charges from the ravages of war or insulate them

from the vast suffering that permeated their beloved, if short-lived, country. Thousands of Southern "vines" were now deprived of their sturdy trees, without which many did not know how to survive.

Self-inflicted death was one response to the vast postwar suffering, a coping strategy, and a reasonable response to the social, political, emotional, and economic dislocations of the postbellum South. Suicide was a tool used by some of the region's women to cope with the world they inherited, for which they felt ill-equipped and inadequate to manage; by exiting, they escaped the gloom and misery that enveloped them. Fed the subtle and not-so-subtle cues that women were not up to the (male) attributes of independence and strength, quite a few women fulfilled that prophesy and collapsed under the weight of new expectations and conditions. For some of those, suicide allowed them to escape what they came to believe were hopeless demands.

Stripping the "Confederate angel" of her mythic veneer unmasks a more realistic array of female responses to the seismic fallout of war that goes beyond mere heroism and resilience and includes the faltering, the frail, the fractured, and the fearful. Unearthing the stories of white women who suffered after the war offers a more granular look at the impact of the war while edging us closer to a more accurate appraisal of the human costs. The legion of Southern white women who suffered psychologically as a result of war taxed the region in multiple ways. Thousands of children were orphaned by widows who were institutionalized or died by their own hands; wives of wounded veterans turned their children over to men of ill temper and little patience to parent them. The emotional cost of the war and its legacy—ruptured, dysfunctional families—on children has yet to be fully examined, but anecdotal sources suggest they, too, suffered greatly. Scores of children became homeless and filled the streets and jails of Southern cities.[144] Shifting the burden of raising children to extended kin or friends, either temporarily or permanently, when mothers were no longer in the picture, further taxed households already struggling to survive.[145] The family had long served as the bedrock of a thriving, vigorous Southern society economically, culturally, and politically. But with war's devastating human toll, including widespread psychological harm, the family unit was severely weakened, jeopardizing the reconstitution and revitalization of Southern society and prolonging the need for healing long after the guns had been silenced at Appomattox.

Chapter 8

Cumberer of the Earth

The Secularization of Suffering and Suicide

> In destroying the instinct of self-preservation, creating it into self-destruction, the suicide is brave. We may well imagine how life—so sweet to all—may become unbearable. We may easily conceive how the mind, sapped of its strength by some misfortune, may become so weak as not able to bear even the ordinary burdens incident to life. But the fear to die is never lessened, and when the suicide overcomes the principle it is an act of courage.
>
> —*New Orleans Times*, May 25, 1866

The most famous suicide of the American Civil War was undoubtedly that of Edmund Ruffin, the fire-eating secessionist from Virginia whose actions bookended the Civil War. Ruffin fired the first shot of the war—he received the honor of detonating the first volley at Fort Sumter—as well as the last, when on June 17, 1865, he blew his brains out with a silver-plated rifle.[1] Most historical treatments, and virtually all popular ones, have fixated on the Confederacy's loss and impending subjugation by Yankee rule as the impetus for Ruffin's suicide. Ruffin was a high-profile public figure, well known outside the South as well as within as an ardent supporter of secession and independence, so a tidy, political, pro-Confederate explanation for his suicide aligns with perceptions of the man and his cause. Most accounts of his suicide focus only on a brief portion of the lengthy twelve-page suicide note—his final diary entry—in which he excoriated "the Yankee race" and defiantly declared his refusal to live under "Yankee domination and despotism." Even Ruffin's son and namesake, Edmund Ruffin Jr., assured his own sons, Ruffin's grandsons, that "the subjugation of our country has weighed heavily on his mind and determined him to take the final step."[2] Although the dreaded prospect of living in a defeated South contributed greatly to Ruffin's depressive state and his decision to end his life, a closer examination of his rather extensive, researched, and contemplative explanation of that decision reveals myriad personal and philosophical reasons. His unorthodox views on suicide stood out from mainstream secular and religious attitudes toward self-murder in the antebellum South but augured the relaxation of dogmatic, stringent proscription against suicide that the war greatly hastened.

Ruffin's thoughtful exploration of suicide in religious and historical texts is typically overlooked in discussions about motive that instead privilege his hyper-Confederate nationalist rant as evidence that his death was a response to Southern defeat. Well aware of prevailing moral and theological taboos against self-murder, he sought to justify his decision by challenging biblical interpretations condemning the act as sinful. In fact, Ruffin's reflections on self-murder as represented in his suicide note mark at least two decades of ruminations about the so-called mortal sin. His wartime experiences, including death, dislocation, loss of property, and defeat, left him hopeless and despairing, not unlike millions of other Confederates, and played no small role in his decision to take his life. While Ruffin unquestionably was the most well-known Confederate to kill himself in the wake of civil war, thousands of ordinary Southerners, gripped by unprecedented anguish and hopelessness, considered or acted on suicidal thoughts. Ruffin's meditations on suicide and suffering, therefore, serve as a useful lens for observing the ways in which the Civil War compelled white Southerners, awash in pervasive and unprecedented despondency and destitution, to reconsider their harsh attitudes toward self-murder and embrace a more sympathetic, compassionate view of suicide and those who killed themselves.

Before the war, the vast majority of American Christians walked in lockstep, in varying degrees, with Christian theological doctrine that condemned suicide as a mortal sin, though a few isolated voices, Ruffin's among them, occasionally dissented. By the Civil War, though, and certainly after, many more white Southerners had begun to challenge the church's harsh denunciation of suicide, ushering in a sea change in attitudes toward suicide.[3] The war proved an important catalyst in reorienting the way white Southerners viewed suicide and those who ended their own lives. For generations, the church had admonished the faithful to countenance suffering, but the onslaught of misery, death, and destruction bared the limits of what Christian Confederates were able to sustain physically and psychologically. Southerners, no longer able to reconcile the theological demand for stoic forbearance with the profound suffering, came to realize that anxiety and depression, commonly interpreted by the faithful as manifestations of insufficient faith, were reasonable consequences of war and worthy of empathy, not condemnation and judgment. Suicide had occurred before the war, but sporadically, and was committed by individuals in response to personal circumstances and conditions. Evidence abounds that after the war Southerners, drowning in suffering, were turning to self-murder in record numbers. Newspapers reported on scores of suicides committed by soldiers and their loved ones left at home. Suicidal Southerners, male and female, populated the region's lunatic asylums. Suicide was no longer episodic, hidden, and exotic; it had

Figure 13 Edmund Ruffin. Courtesy of National Archives.

emerged from the shadows. As more Southerners contemplated self-murder during and then after the war, popular views on suicide, long shaped by ecclesiastical condemnation and reinforced by Scriptures, gradually gave way to greater understanding and tolerance that spurred the tendency to decouple suicide from its religious moorings. Suicide in the postbellum South came to be viewed less as a sin or a sign of moral weakness and more as the result of tragic circumstances, a sad but expected result of war-generated suffering. And by the late nineteenth century, manifestations of war-generated suffering, including suicide, became a badge of honor for white Southerners, emblazoned onto their new refurbished identity. (See figure 13.)

Edmund Ruffin readily conceded in his suicide note that popular opinion was "almost universal" in believing suicide to be a sin against God, forbidden by the Bible, a belief he rejected as "mistaken." A thorough, methodical analysis of relevant texts in both Old and New Testaments revealed, to his mind, no such proscriptions. Ruffin emphatically rejected the Christian definition of suicide as a form of murder, the most common explanation offered

by religious authorities in denouncing suicide as sinful. Because the act is voluntary and directed toward one's self, Ruffin asserted, it fails to rise to the level of either sinful or criminal. To make this point, Ruffin employed the analogy of fasting. A person who fasts does so voluntarily, which is not criminal, yet if forced upon another, constitutes a crime. Finding no explicit biblical prohibition of suicide, Ruffin then surveyed ancient Jewish history, a time when Jews, according to Ruffin, were "fanatically devoted to every requirement of God's law." Yet devoted Jews often committed suicide. In fact, Jewish law mandated suicide under some conditions, such as after defeat or rather than surrender, as in the case of the siege of Masada, during which nearly a thousand Jewish warriors committed mass suicide rather than surrender. "Suicide is not simply, of itself, a crime, or even a sin," Ruffin concluded.[4]

Despite insisting that killing one's self did not constitute an affront to God (Ruffin was determined to soften the blow of his act of self-destruction on family members by alleviating their concerns for his spiritual well-being that he had committed an unpardonable sin), Ruffin did not embrace a fully libertarian view of suicide. He differentiated between good suicides and bad suicides based on circumstances and motives. Suicide was bad when intended to duck duties and obligations to family, like providing financial and material support, and to the state, such as offering defense. In these cases, "suicide would be cowardly and base as well as criminal in high degree." In contrast—and here he described what he saw as his own circumstances—when death would not deprive family or country of service or duty, or would not contribute to losses or the physical suffering of anyone, then suicide was neither criminal nor an act of disobedience to God. Suicide might actually "remove incumbrances [*sic*], lessen evils, or ward off dangers to others," in which case the act of self-destruction might even be "commendable." Ruffin then laid out a case for his own "commendable" suicide. He inventoried the significant things he had done for family (generously provided for and dispersed property among his children) and nation (promoted agricultural reforms in the region and sustained the Southern secession and independence cause), and he laid bare his dependent, helpless condition, arising out of losses related to the war. Having satisfactorily fulfilled his duties as father and countryman, and no longer able to contribute to his own or anyone else's support, Ruffin had become "merely a cumberer of the earth, and a useless consumer of its fruits."[5] His, he concluded, was a good suicide.

A rehearsal of sorts for Ruffin's suicide and its justification occurred a quarter century earlier when his close friend and aging mentor, Thomas Cocke, killed himself in February 1840. In the days before his death, Cocke opaquely

discussed the topic of suicide with Ruffin. News of Cocke's death by his own hand deeply shook Ruffin, made worse by the gruesome scene. Ruffin assisted with the cleanup, which required collecting the remains of Cocke's skull and brain matter after Cocke had fired a gun into his mouth. Yet, Ruffin refused to rebuke Cocke for killing himself. Although he would not go so far as to excuse Cocke's decision—what Ruffin termed the "greatest offence of his life"—he resisted joining the "universal cry of condemnation."[6] Ruffin's tentative and inchoate reflections on Cocke's 1840 suicide expose an inner conflict about the act that, by the end of the Civil War, had congealed into a fully researched justification for taking one's life.

Ruffin's tolerant views on suicide in 1840 made him an outlier on the matter of suicide, in stark opposition to official denominational Christian doctrine, which entertained no extenuating circumstances. To take but one example, the Presbyterian Church's catechism, published in the 1850s but written by two eighteenth-century theologians, forbade suicide—"self-murder"—under any circumstances. The tract condemns suicide as an unnatural act, "opposed to the natural principle of self-preservation implanted in us." Citing the Old Testament account of Job, the catechism denounces self-murder as an act of the "highest impatience," a reflection of "discontent with our lot in the present world." Furthermore and perhaps paramount, suicide represented an encroachment on God's authority, for only God determines when a life ends: suicide "is an impious invasion of the prerogative of God, as the sole author and disposer of life." What made suicide a unique and especially heinous act was that, unlike all other sins, a suicide victim ended his or her time on earth, thus denying the sinner an opportunity for redemption. Consequently, those who died at their own hands suffered "an awful eternity," for they were unable to ask for and receive forgiveness.[7] Presbyterians, like most other mainstream Protestants, unequivocally denounced suicide as a form of murder and hence a sin, and a mortal one at that.[8]

Clerical consensus on the anathema of suicide carried the day in antebellum America. In the years of the early republic, theologians regularly delivered harsh, unambiguous denunciations of suicide. The ministers' tenor on the topic of suicide was often strident, their positions rigid and intransigent. One of the most expansive and thorough theological ruminations on the topic of suicide was delivered in 1805 by a Presbyterian minister in New York City. Samuel Miller's widely disseminated treatises on suicide left no doubt where organized religion stood: "suicide is really a crime"—a crime against God, a crime against human nature, and a sin against society. Miller considered but rejected the common reasons given for suicide: feelings of uselessness, depression and melancholy, embarrassment, physical suffering. In truth, he countered, "pride, vanity, impatience, cowardice, a criminal love of the world,

a false estimate of happiness, the most unworthy and degrading selfishness" stood as the real causes of suicide.[9]

Ministers like Miller espoused draconian views on suicide built on a theological and cultural foundation of orthodoxy. But three overlapping developments in the early republic contributed to further entrenchment by clergy on the subject of suicide. The first was a post-revolutionary move to decriminalize suicide, as well as a growing reluctance by coroners to issue verdicts for suicide. Virginia's early suicide statutes, to take one example, required confiscation of the victims' property. None other than Thomas Jefferson decried the severity of the laws and called for their repeal. Ministers pushed back against the sentiments that undergirded the secular relaxation of harsh suicide law. Second, clergy also launched strident missives against suicide in response to a perceived wave of post-revolutionary suicides. Miller and other theologians urged extreme measures to stave the rising number of victims in an ostensible suicide epidemic.[10]

Third, the first half of the nineteenth century witnessed an intransigence by mainstream Protestant sects on suicide doctrine in the face of a growing Universalist challenge, a good deal of which refracted over the issue of self-murder. Universalists proved irksome to Protestant denominations, not merely because they competed for souls, but because Universalism embraced radical doctrines anathema to mainstream churches, like universal salvation and anti-slavery, and rejected foundational tenets of Protestantism, like the Trinity and original sin. Universalism adopted a loving, inclusive theology premised on a belief that all people, sinners of all sorts, would be reconciled with God. Universalists denied that suicide victims would suffer eternal damnation. Embracing a more compassionate view of God, they believed He would save all, including those who died at their own hands. A veritable print war between Universalists and virtually everyone else broke out in the first half of the nineteenth century, much of it debating the sinfulness of suicide. Mainstream theologians attacked dissenting Universalist views on suicide, reinforcing long-standing, intractable positions on the sinful nature of self-destruction.[11] Thus, when a Northern Methodist minister in 1861 delivered a sermon equating the start of the Civil War with suicide and noted as an aside, "Suicide has always been considered, by Christian moralists, the most culpable form of murder," he was affirming a long-standing religious tradition of anti-suicide thought that permeated the sensibilities of most laypeople, including antebellum Southerners.[12]

Religious proselytization on the subject of suicide proved effective and greatly influenced popular ideas about the sinfulness and immorality of self-murder. The admonition that those who took their own lives faced eternal damnation certainly deterred many antebellum Southerners from such a

path, as it was intended to do. Newly apprenticed lawyer Enoch Faw of North Carolina wrote despairingly over his future prospects for employment in 1858, even contemplating suicide, which he admitted "would be eternal death."[13] Like Faw, a suicidal H. T. Brown well understood the stigma of cowardice attached to suicide in the antebellum period. The planter/land speculator from Wilkesboro, North Carolina, confessed, "[I often feel] weary of the long monotonous road before me and I have often felt an inclination to voluntarily abandon it but then every one who reflects on such a subject must know that it is base and cowardly to do so and then if there is any truth in the Bible what comes after death is a weighty consideration."[14]

Church doctrine and clerical scorn over suicide, notably the threat of eternal damnation, contributed significantly to the stigma of suicide that pervaded antebellum Southern society and shaped popular attitudes toward self-murder.[15] Occasionally, religious and popular derision of suicide resulted in the community's revocation of burial rites for suicides, which most religious Southerners held as sacred.[16] Mississippi planter Thomas Dabney, while away from home, learned that his children's tutor had killed himself following a failed attempt to live a life of sobriety. Although Dabney had regarded the young man as a son, he grew outraged upon hearing that the teacher had been buried alongside Dabney's two deceased sons. Dabney ordered the disinterment of the tutor's body, insisting that no suicide should rest by the side of his "pure children."[17]

Dabney's disapproval of the tutor's burial beside his sons is in keeping with the customary practice of "profane" burials for suicide victims, usually the purview of clergymen. Ministers typically refused to bury a suicide victim on church grounds or with religious rites, a form of ecclesiastical ostracism.[18] William H. Taylor, for many years the coroner of Richmond, relayed a childhood memory of a suicide victim who was denied a Christian burial by local ministers. Suffering from delirium tremens, the "poor creature" had jumped from a window of a Richmond building and killed himself. The victim's friends, Taylor relayed, appealed to a number of ministers to perform a Christian interment. All refused. Out of desperation, the friends turned to an ostracized clergyman recently arrived in the city and propagating "the heterodox tenets of so-called Universalism." The Universalist minister mortified the more mainstream ministers in town when he performed what "he believed to be Christian rites" and had the "effrontery" to speak of the pathetic drunk as "our brother."[19]

Despite considerable animus expressed by many clergy and some followers toward the act of suicide, lay attitudes showed signs of relaxing by the late antebellum period. In William H. Taylor's account of ministers who refused to perform Christian burial rites for the suicidal drunk, the response of

clerical leaders stood in contrast to that of community leaders who "applauded" the unconventional funeral performed by the Universalist preacher, not so much because they approved of the Universalist doctrine on suicide, but because they saw that in treating the suicide victim with compassion, the itinerant minister showed himself to be "more Christ-like than were others who had arrogated to themselves the Christian name."[20] Although official church teachings on the sinfulness of suicide remained unchanged throughout the long nineteenth century and persisted well after the war, laypeople and even some ministers began to show greater compassion toward suicide victims, while expressing displeasure with draconian and condemnatory church canon on self-murder, exposing a fissure between theological doctrine and churchgoers.[21] For example, in 1867, a group of Masons of Missouri denounced as barbarous the action of any "church or order" refusing "respectable sepulture to a suicide." The Grand Lodge counseled that the decision to bury a Mason who had committed suicide should be based on the life he led, not on the mode of his death. A fraternal brother suffering from a "fearful calamity" that had "produced a 'disease' called insanity" deserved to be buried with full Masonic rituals.[22]

Writing in 1847, a man self-identifying as "a Southern physician" penned a thoughtful essay on suicide, drawing on historical, religious, legal, medical, and philosophical treatments of suicide. He observed a "sentiment of profound pity for the unhappy suicide" and expressed confidence that God, "most merciful, and most just Judge," will "abundantly pardon" those who die at their own hands. Mirroring Ruffin's refusal to condemn the suicide victim, the anonymous essayist implored others to act compassionately: "Say to our most unhappy brother, 'Neither do I condemn thee!'"[23] A Georgia newspaper in 1876 published a reflection on suicide written in 1848 by a "young lawyer" who had died before the war but wrote eloquently about the need to extend sympathy and compassion to suicide victims. He admonished others, "Think not harshly of the suicide—we seldom if ever understand, or appreciate the feeling, that impel[s] him to the commission of so sad and rash an act." Those who voluntarily end their own lives, he penned, "should be met with all fortitude and patience."[24]

By the outbreak of the Civil War, a small but growing divide between official church doctrine and lay beliefs on the sinfulness of suicide could be detected. Clergy in the early nineteenth century had launched a vigorous counterattack against the tide of Enlightenment thought, Universalist dissent, and the decriminalization of suicide. They failed, however, to stem the tide entirely and, as evidenced by the preceding anecdotes, unforgiving popular attitudes about suicide showed some signs of giving way by midcentury.

The widespread suffering in loss of life, anxiety about the war's outcome, and eventual loss of the war, prompted many more white Southerners to change their minds about suicide. Confederate veterans returned home, many thousands of them afflicted with emotional, physical, and psychological damage. More than a few contemplated suicide to put an end to their suffering. Those who considered ending their own lives through self-murder no doubt weighed the religious proscriptions and social taboos attendant to suicide. When Southerners did take their own lives, relatives, friends, admirers, and neighbors were left to make sense of the deaths; increasingly, they rejected the long-standing religious denunciations of suicide. The gap between the church's position on suicide and the attitudes of laypersons, shaped by personal experience, grew. Although the war did not change the doctrinal proscription against suicide or its definition as a form of murder, it did affect the attitudes of ordinary Southerners, who in the midst of unprecedented and pervasive suffering began to reconsider its depiction as sinful.[25]

Southerners' evolving views about suicide cannot be understood without first considering the context of the Civil War and the emotional and psychological toll exacted by war and loss, as well as the failure of religion, so integral to the lives of nineteenth-century Southerners, to satisfactorily address the mental anguish experienced by many soldiers and civilians. White Southerners' religious convictions were put to the test on multiple fronts as a result of the Civil War. As historian David Blight has contended, "death on such a [large] scale demanded meaning." George C. Rable, too, has noted, that the "scale of the suffering and sacrifice in turn raised large and difficult questions about the providential meaning of slaughter on such a massive scale."[26] Suicide was one such question.

Theological tenets about suffering also were tested as a result of civil war. The pervasiveness and inevitability of human suffering and the religious assurance that with sufficient faith one would survive life's most challenging trials implicitly reinforced doctrinal taboos against suicide. Christian churches taught that, because of the fateful decision of Adam and Eve to eat of the forbidden fruit and thereby invoke God's wrath, man was destined to a path of suffering and misery. Because of original sin, all must suffer. To escape earthly misery and affliction through self-murder subverted God's will. Moreover, the coming of Christ brought a new contract with God's people, one that required a painful and tortuous end to his life in order to provide Christian followers with salvation.[27] In the New Testament, Christ serves as a model of suffering, a source of inspiration for those who, like him, faced considerable tribulations in life. Jesus, like any other mortal, dreaded his trial and sought to avoid it, even praying to God to allow him to escape the suffering that he prophetically knew awaited him: "My father, if it be possible, let

this cup pass from me." As the son of God, though, he recognized that his path of intense sorrow and anguish was required to save God's people and so resigned himself to the misery that would follow.[28] "How the people reviled him and persecuted him! See him in the anguished writhings of Gethsemane as his 'soul is exceedingly sorrowful, even unto death!' Behold him condemned, though innocent, at the bar of Pilate, and mark the crown of thorns, the mock scepter, the spitting and scourging, the toilsome, fainting ascent of Calvary, and the horrible tragedy on the cross!"[29] Eternal life for God's followers could only be achieved through Christ's suffering and sorrow; had Jesus avoided his fate, the cost to Christians would have been their path to eternal life. As one Georgia minister extolled, God "laid upon him the iniquity of us all—that by his stripes we may be healed."[30]

By exalting Christ's fortitude and resignation in the face of suffering, theologians and ministers provided their anguished and tormented flock a model for Christian comportment in the face of war-related adversity while reminding them they were the direct beneficiaries of his suffering.[31] Christ bore his challenges bravely and stoically; so should they.[32] Christ's example of forbearance provided solace to the afflicted and served as an important source of spiritual consolation in nineteenth-century America, as displayed by a North Carolina woman who offered condolences to "Aunt Sade," a relative of William Lenoir, who committed suicide in the spring of 1861. The author shares how she took, and by implication Sade should take, solace in Christ's example: "It was the greatest comfort to me to feel that Jesus had suffered grief."[33] A book of religious reflections published assured readers, "[Jesus] knows my sorrows, for he has *felt* them!"[34] No audience was more in need of such assurances than soldiers. In a sermon prepared for Confederate soldiers, Reverend C. T. Quintard implored his audience to remember that "whatever be the intensity of sorrow that bows and presses the heart of man, remember that, for every grief you suffer, the meek and Holy One suffered a thousand." The preacher urged soldiers to garner strength from Christ's example: "Wherever we turn, whatever be our shade of grief, we are but feeble copyists of the great sufferer, who, in His own person, exhausted every variety of human sorrow."[35]

Nineteenth-century Protestant ministers regularly counseled parishioners on suffering and its requisite place in the Christian schema, reminding them that faith alone would not stave off pain. Echoing the convictions of many, one Southern Baptist clergyman cautioned that faith alone was no inoculation to affliction: "Immunity from trial is not guaranteed or promised. Rather the reverse."[36] God's followers understood that the inevitable and ubiquitous trials they faced served a godly purpose. "It is a good schooling of the heart to visit the couch of suffering and pain, to come into contact with sorrow," countenanced the Reverend William McKay, a Presbyterian minister who

served Georgia churches in the late nineteenth century. "Sorrow is one of the world's greatest teachers," he counseled.[37] Adversity instilled in Christians the virtue of piety.[38] Earthly trials sweetened the fruits of paradise in the afterlife, a time that would usher in "praise and love and joyous gladness for the very things which had brought weeping and sorrow upon earth."[39] Confederate soldiers were reminded that God required two things of them: the "strength to bear and to suffer."[40]

In this conception of suffering, self-murder constituted a deliberate effort to escape divinely sanctioned trials. Tormented Christians should, therefore, reject the temptation to terminate their suffering through self-inflicted death and instead shoulder their earthly tests with the same resilience and resignation as Christ their savior had. Suffering was an integral part of God's plan for salvation.[41] Christians considering suicide as a response to physical or emotional suffering should instead model themselves after their Lord, who persevered in the face of torment and sorrow. Such was the sentiment behind the rebuke delivered by the eminent Presbyterian minister from South Carolina James Henley Thornwell to his brother-in-law, A. J. "Jack" Witherspoon, also a minister, who felt so despondent about his feeble health that he considered taking his own life. Thornwell sternly warned him, "You have no right to commit suicide."[42]

Christian theology even denounced the basis for much suicidal thought, melancholy or despair, as antithetical to scriptural precepts.[43] Ministers implored congregants not to give in to despair, "a cowardly sort of refuge from misfortunate—a sort of moral suicide, which disgraces manhood."[44] To the contrary, Christians should find bliss in life. "We must be joyful," preached a Presbyterian minister before the war. "We have no business to go mourning all our days . . . It dishonours him [the Lord] when we are downcast and sad."[45] Among early nineteenth-century Christians, then, melancholy or nervousness was symptomatic of spiritual failing.[46] Christians under emotional strain simply needed to turn to God. "When your heart is heavy you must return to the Lord," advised an antebellum Southern minister. "Pray to him to comfort you, to take away your sin, and to make you rejoice."[47] Melancholy was equated with spiritual weakness. Those who succumbed to their gloomy thoughts were giving in to temptation; they needed to pray for greater inner strength to face life's struggles. In fact, colloquial phrases used to describe melancholy, "the blue devils" or "devils in the heart," signify the vestiges of the historical association of depression with temptation and the influence of Satan.[48]

Southerners internalized religious views of suffering and suicide and viewed the resulting depression and anxiety as signs of weakened faith, not mental strain. A Methodist preacher's daughter, Mary Jeffreys Bethell of

North Carolina, for example, confessed on the eve of the war that she was "miserable" and "surrounded by darkness, doubts and gloomy fears." The dismal political horizon, sending two grown sons off to the military, and the lengthy absence of her husband from home account for much of her personal despair. Bethell saw her slip into depression, though, not as a natural response to crises and stress in a war zone; rather, she viewed it through a religious lens. These feelings represented spiritual shortcomings, so she sought comfort in the Lord, whom she confessed seemed as if he had forsaken her. "I wept and prayed to Jesus Christ to remove my burden of fears, and gloom." A year later, the war and the sacrifices it demanded from Bethell tried her faith. "The Lord's face is hid from me. Darkness and gloom surrounds me," she wrote. Two years into the war, she confessed that "severe and fiery trials and temptations" left her "low-spirited" and feeling like a "poor, helpless sinner."[49] Another Confederate mother, Julia Cumming, a month into the war that eventually called on all four of her sons, similarly lamented that she felt wracked with anxiety despite efforts to keep it in check. She blamed her weak faith: "A true Christian faith should give me more confidence and serenity than I now feel."[50] Octavia Otey in the spring of 1876, too, confessed to experiencing emotional struggles: her heart was "still full of trouble." Reflexively, she pivoted to her faith for relief, determined to "'cast all my care on God' for he careth for me; he is able to help me in all things."[51] Anguished diary entries such as these that would strike modern readers as manifestations of a compromised mental state instead represented to these Southern women and their contemporaries sinfulness and faltering faith, the balm for which was greater reliance on and faith in God.

The Civil War, and the extensive suffering it unleashed, tested Christian tenets on forbearance and exposed Christianity's inability to comfort and sustain the multitudes of distraught and afflicted defeated Southerners. Religious authorities after the war, sensing a crisis in faith, reproached Christian Confederates to buck up. A Baptist newspaper, cognizant of the despairing mood in the region after the war, admonished defeated Southerners that "manliness and Christianity forbid the indulgence of a despondent, gloomy spirit."[52] The magnitude of loss and death, though, enveloping the region, precluded many from heeding the call to resist succumbing to despair. To be certain, Christian teachings on suffering and the admonition to remain stalwart in the face of earthly troubles sustained many Southerners during the war. A New Orleans woman wrote to her husband during the war: "If it were not for . . . religion that keep[s] me up, I would kill myself."[53] But increasing numbers of Southerners lost faith in assurances that suffering served a purpose or that God was merely testing them and, in the process, became more amenable to suicide as a palatable alternative.

As the war progressed, and especially in its aftermath, suicide became a real possibility for some anguished Southerners, many of whom were very religious and took seriously the church's condemnation of suicide. Not all of the faithful under emotional siege considered suicide; nor did all those who contemplated suicide follow through. But the war left many Southerners questioning their religious convictions and therefore willing to rethink suicide as a viable alternative to end the suffering. One South Carolina woman's evolution of thought regarding suicide played out over the waning days of the war. Twenty-four-year-old Grace Brown Elmore of Columbia grew increasingly worried about advancing federal troops. Despair over recent Confederate military setbacks, apprehension over Yankee raids, the death of two cousins in the war, and the prospect of living in "the Yankee nation" prompted her to consider suicide. "I have almost determined suicide in such circumstances would be justifyable [*sic*]." But she could not quite get herself there. The best she could do was to pray for God to bring about her death, taking the choice away from her: "God grant me death sooner than a life amongst the abomination of abominations, the Yankee nation." Two months later, still awaiting the arrival of Sherman's army and clearly worried about the prospects of rape, she again broached the topic of suicide, but this time openly as she considered that God might permit the act of self-murder in the face of such trying conditions: "Would to God I felt sure that life could be destroyed without sin, under such circumstances. That God would justify the self destroying hand, when life had become a burden and a shame through the wickedness of man." If robbed of what she "values more than all things"—her virginity—death by her own hand was preferable to living with the dishonor. "God forgive me, if I had to choose between death and dishonor, I could not live. . . . That which was taken could never be restored. God will, God must justify the deed."[54] Elmore was a deeply religious woman brought up in the Episcopal Church and well understood that suicide constituted an affront to God. She struggled with what she knew to be the teachings of her church. Yet, the war-related trials she faced were unprecedented and overwhelming. In a leap of faith, quite literally, she came to believe that God would forgive her for choosing to take her own life rather than live with the taint of Yankee rape. Her reasoning was less intellectual than Ruffin's but nonetheless ended up at the same place: under some circumstances suicide was a reasonable response. Elmore did not commit suicide; she merely contemplated it. But the war and its consequences had brought her face-to-face with the taboo of self-destruction as a way to end suffering.

Psychological crises, like the one that enveloped Grace Brown Elmore, grew in the wake of war and enveloped thousands of Southerners, many of whom manifested symptoms of mental illness, including suicidal behavior,

during and after the war. Asylums quickly filled to capacity with men and women, many of whom had attempted or threatened self-injury.[55] A clergyman ministering to Confederate troops in Wilmington, North Carolina, in May 1861, concerned about the increase in soldier suicides in just the first weeks of hostilities, preached: "And, already, men heretofore of firm and well-ordered character, have committed suicide from the pressure of this one distracting thought, the troubles of the country."[56] Another Southern minister delivered a sermon to soldiers titled "It Is a Fearful Thing to Live," a rebuke, it would seem, to those who might be considering taking their own lives rather than face battle. "He who *lives* in this world, must live forever. Live we must."[57] Southerners during and after the war faced the juxtaposition of a religious culture that denounced suicide as sinful and embraced suffering as instrumental to salvation, with the stark new reality of war trauma that had ushered in unprecedented suffering and increased the specter of suicide.

The moderation of harsh attitudes toward self-murder during and after the Civil War was furthered, paradoxically, by a theological intervention to make death more palatable among wartime Southerners. Ministers delivered sermons to soldiers headed for the front instructing them not to fear death. They counseled bereft wives, mothers, and sisters that deceased loved ones were in a better place. In preparing Confederates for the inevitable loss of life in battle, religious leaders focused more intently on assuaging the shock of death by depicting the afterlife as welcoming. Protestant orthodoxy denouncing suicide as sinful had long rested precariously alongside the theological glorification of death as a peaceful destination where suffering and sorrow no longer existed. Death was not to be feared but rather embraced. "To die will be thy eternal gain. . . . Death hath no terror for thee. . . . Come, welcome death."[58] The Christian view of an afterlife devoid of suffering was intended to persuade the faithful that death was a portal to eternal life and not to be feared. The depiction of heaven as a place "where suffering and sin shall never more be either felt or feared" was meant to pacify Christians' concerns about the fate of loved ones' death, notably dead soldiers.[59] For example, an homage to a fallen Confederate captain that appeared in a Christian newspaper in 1867 depicted his new afterlife home as "that sweet land of pure delight [where] the happy spirit moves, 'mid scenes of bliss and heavenly light, and joy, and peace, and love."[60] Conceptions of "heaven" certainly predated the war. The image of heaven during and after the war, however, transformed from a vague, distant place to a comforting, blissful home away from home, a conceptual construction intended to comfort those who lost or stood to lose loved ones in war. Representations of a peaceful paradise soothed worries

about the departed's state in the hereafter: "No sickness there—No weary wasting of the frame away. . . . No hidden grief, no wild and cheerless vision of despair. . . . No tearful eyes, no broken hearts are there! . . . The storm's black wing is never spread athwart celestial skies!"[61]

Depicting death as a serene retreat from the misery of an earthly life—notably, the carnage and torment of war—inadvertently risked making suicide a tempting alternative to human suffering. Soldiers heading into battle were directed not to fear it. One typical soldiers' guidebook advised, "In an unsinning and unsorrowing heaven, war, tumult, pain, sickness, battle, bloodshed, shall be words unknown."[62] Ministers consoled those who had lost loved ones in the war by describing the afterlife as an ethereal haven devoid of pain and anguish. Southern believers whose capacities for enduring the trials wrought by war were sapped could take solace in the promise that in death all "our sorrows are coming to an end."[63] Although institutional religion roundly condemned suicide, insisting that only God determined the timing of one's death, ministers preached that death should be welcomed because it brought escape from suffering. Messages intended to bolster those reeling from loss perhaps offered severely depressed Confederates an avenue to peace, unintentionally enticing weary Confederates to end their earthly torment and become one of "the blessed dead! . . . those who no longer suffer and are tried."[64] Taking her cues from her faith, the widow Octavia Otey, enveloped by a deep depression after the war, fantasized about death as a way to extricate herself from extraordinary suffering, but worried how her death would affect her children. Eventually she resolved that her family should not grieve for her because she would be "at peaze [*sic*], at rest, and never know trouble any more."[65] Ironically, Christian tenets extolling the afterlife and its promise of solace to the sick and troubled may have lessened the resistance to self-destruction by offering an appealing escape through death.[66]

Suicide during and after the Civil War, and in the wake of vast and unprecedented suffering, became a more understandable, reasonable option for those afflicted with emotional distress. It was no longer merely the act of the insane or impious. Self-murder had become a rational, more common, if sad option in the wake of vast and unprecedented suffering in the postwar South. Condemning fellow Southerners for ending their own lives or castigating the tormented as spiritually weak no longer resonated among a war-ravaged people. A more compassionate response was required. The few voices like Edmund Ruffin's before the war increasingly constituted a chorus of calls for a non-judgmental, sympathetic reaction to instances of suicide. Strident, judgmental denunciations of suicide in the years before the war were eclipsed by greater restraint and expressions of empathy. A poem—"At the Grave of a Suicide"—published in 1886 by Sarah Morgan Bryan Piatt, a Kentucky

woman, reflects the softening attitude toward those who died by their own hands:

> You sat in judgment on him,—you, whose feet
> Were set in pleasant places; you, who found
> The Bitter Cup he dared to break still sweet,
> And shut him from your consecrated ground.
>
> Come, if you think the dead man sleeps a whit
> Less soundly in his grave,—come, look, I pray:
> A violet has consecrated it.
> Henceforth you need not fear to walk this way.[67]

The poetess upbraids those who dare judge victims of suicidal deaths after the war. In particular, she chastises those who denied suicides burial rites in church cemeteries. Piatt also emphatically rejects the church's long-standing belief that self-murder destined one to eternal suffering—to the troubled soul, symbolized by the sprouting of a solitary humble flower, the violet, which serves to "consecrate" the grave when heartless mortals would not.

Further evidence that draconian antebellum attitudes on suicide gave way to a more tolerant view is discernible in the reporting of suicidal deaths in Southern newspapers during and after the war. At the beginning of the nineteenth century, newspaper accounts of suicide often condemned the deceased.[68] Later, deaths by suicide—whether by war participants or not—more often elicited sympathetic commentaries; condemnation all but disappeared. When an unidentified ferry passenger threw himself overboard in April 1865, the *New Orleans Daily Picayune* acknowledged that, while the action defied "canon against self-slaughter" and was "generally regarded as a cowardly act," it nonetheless had been sanctioned by such historical luminaries as Saul, Hannibal, Brutus, and Mark Antony.[69] After the wife of an abusive, alcoholic veteran took her own life in 1871, the *Atlanta Weekly New Era* printed a letter that recounted the details of the woman's death and included thoughts on suicide that the victim had shared with friends after a failed attempt. She defended "its moral right, saying that there were some wrongs, some miseries, which only a self-inflicted death could end." The piece then ended with a line from the victim's own suicide note: "Judge not, that ye be not judged."[70] The wartime obituary of an unidentified woman who intentionally drowned herself in New Orleans also elicited empathy, commiserating that "perchance she sought relief from an

unbearable load of poverty." If so, the obituary opined, "let the sinless blame her: sinners should not judge her harshly."[71]

Encapsulating this new attitude was a short editorial that ran in the *Atlanta Weekly Sun* in 1871 advocating a more tolerant view of the suicide victim: "There come to every one of us times when society palls upon us, when we find no happiness either in the crowded assembly or in the quiet parlor, when companionship is rather an annoyance than a pleasure. . . . Life is burdensome, existence is tasteless. Not knowing whither to turn, is it any wonder he dreams of suicide, and is it any matter if his dream 'comes true'?"[72] These same sentiments are evident in an 1880 obituary of a newspaper editor from South Carolina who died by his own hand. The obituary lamented the premature loss of a "young man of more than ordinary brilliancy and talent" while demonstrating empathy for his condition. Preston Mood, "in the moment of some dark despair, which we believe at times haunts us all," gave way to the impulse of self-destruction.[73]

Sympathy, not condemnation, became the more typical published response to suicidal acts in the postwar South. The Civil War's human and material sacrifices had cost the South dearly; many Southerners could not see an end to the emotional and financial suffering that enveloped the region. War-weary Southerners, who well understood how life could become unbearable, more easily understood a rational decision to end one's life in an effort to stem the pain. "We may well imagine how life—so sweet to all—may become unbearable," opined a New Orleans newspaper just a year after surrender. "We may easily conceive how the mind, sapped of its strength by some misfortune, may become so weak as not to be able to bear even the ordinary burdens incident to life." In fact, the author offered, suicide might actually be considered a brave act, given the herculean effort needed to conquer the instinctive fear of death.[74]

In addition to editors treating suicide victims with greater sensitivity and acceptance in their reporting, postwar obituaries of suicides regularly related displays of sympathy for the victims and their families, such as in the case of twenty-nine-year-old John M. Parkman, a former president of the First National Bank of Selma who reportedly drowned himself in 1867. Parkman left a wife and two children "overwhelmed with the sad calamities of a few weeks" and "excit[ed] the tenderest sympathies of the entire community."[75] An eighteen-year-old Georgia woman's suicide by drowning in 1879 prompted the local paper to remark that her parents had the sympathy of the entire community.[76] Postbellum obituaries document tangible expressions of empathy by community members for those who died by self-inflicted wounds, acknowledging that extenuating circumstances could (understandably) lead one down the path of self-destruction.

Changing attitudes signaling a more secular understanding of suicide can be seen in postwar coroners' reports as well. In the early nineteenth century, inquests on dead bodies that resulted in a finding of suicide typically ended with a turn of phrase pointing out the deceased's lack of religiosity. For example, an 1808 coroner's investigation into the drowning of Simon Taylor of Virginia led to a finding of suicide, an act understood to be the result of Taylor's "not having God before his eyes."[77] Similarly, after Robert Wimm, an inmate of the Frederick County poorhouse, cut his throat with a razor in 1839, the coroner attributed the suicide to Wimm's "not having the fear of God before his eyes but being . . . seduced by the instigation of the Devil."[78]

After the war, religious references all but disappeared from coroners' suicide findings. A shift in language from the sacred to the secular is in evidence in postbellum coroners' reports that depicted the act of suicide as an affront to the state, not God. When Fred Dollfender, a storeowner from Charleston, shot himself to death in his backroom in 1883, he did so "against the peace and dignity of the state."[79] There was a striking absence of religious condemnations in verdicts in the postwar years. For example, John Black, a South Carolina magistrate, presented the jury's findings on the hanging death of Hutson B. Sullivan in August 1866 and concluded that he had come to his death by "self murder" and "voluntarily and feloniously himself did kill against the peace and dignity of the state."[80] The act of suicide was still considered a crime, a felony in fact, and so was denounced by officials, but no longer did coroners' juries bother themselves with the religious condemnations. One suicide verdict in 1875 concluded that Joseph Pearman died from a gunshot wound by his own hand and further admonished that "no one is to be censured."[81]

Evidence that Southerners after the Civil War exhibited much greater tolerance of suicide than before the war coincided with a growing chorus of voices critical of church authorities who continued to toe the harsh line on suicide; some even challenged church leaders to take positions more "Christlike."[82] William H. Taylor, the Richmond coroner, criticized the church's harsh attitude toward suicide by invoking the Shakespearean tragedy of Ophelia's suicide and her brother's rebuke of the priest for conducting "maimed" funeral rites, that is, withholding a full burial ceremony for those who died at their own hands. Taylor acknowledged that it had only been "within a period quite recent that society has sympathized" with Ophelia's brother, an indication that "society" was moving toward a sympathetic view of suicide victims that rejected the "barbarities inflicted under the sanction of the Christian religion upon the bodies" of suicide victims. As Taylor saw it, one of the chief duties of the Christian church was to console "the wretched," to serve as their "rock of refuge in a sea of troubles." By denying Christian

suicide victims full burial rites, the church had "perverted its office" and was "painfully at variance with the attribute of tender compassion we intuitively ascribe to it." As Edmund Ruffin had done in 1865, Taylor scoured the Bible for an explicit proscription against suicide and found none. Taylor concluded that there now existed a "large number who do not sympathize with their authorities of the Church in their harsh treatment of suicides." In fact, he noted that "in recent times, some Christian denominations have, in their attitudes toward suicide, become liberal."[83]

In fact, there is evidence that even some Southern ministers after the war treated suicide victims more compassionately than theological doctrine dictated. The Reverend George J. Hobday, for one, presided over the funeral services for Adolphus Herzog at the Byrne Street Baptist Church in Petersburg in 1877 following the man's suicide, a ritual that sometimes was withheld from those who died by their own hands.[84] When twenty-seven-year-old seminary student Thomas Westcott cut his throat in October 1870, professor and Baptist minister Basil Manly Jr. conducted funeral services that were held in the Baptist church.[85] And in 1870, George Howe, a Presbyterian minister and professor at Columbia Theological Seminary in Decatur, Georgia, published a two-volume history of the church in South Carolina, in which he drafted a sympathetic biographical account of William Richardson, a late-colonial minister of a Waxhaw, South Carolina, congregation who likely committed suicide. Richardson had struggled with melancholy his whole life. Howe used the biographical exercise as an opportunity to express a softened attitude toward suicide victims. Howe explained that since youth Richardson suffered from a disease of the mind every bit as real as those of the body, and he concluded that Richardson "died the victim of a mental malady which had been gaining strength . . . for some time."[86] Howe's sensitivity to what we today would recognize as Richardson's history of mental illness and the role it played in his possible suicide is significant. As a Presbyterian minister and an instructor at a theological seminary, Howe would have been painfully aware that his empathetic stance on death by suicide contradicted official Presbyterian doctrine. Nonetheless, his dissenting remarks appear in an official church publication after the Civil War.

William H. Taylor, a coroner who saw firsthand the tragic consequences of suicide and castigated church leaders for their un-Christian treatment of suicide victims; the Reverend George Howe, a minister who flouted the theological dogma demonizing self-murder by recognizing the symptoms of mental illness of a suicide victim; Edmund Ruffin, a religious man who searched in vain for a scriptural basis for the stigmatization of suicide—they all numbered among the many postwar Southerners who expressed more open-minded views about suicide and challenged church orthodoxy on the

issue. Like thousands of other Southerners, these men had witnessed or experienced the consequences of four years of brutal warfare, the mounting cost in human casualties and material wealth, and the despair and suffering that hung over the postwar South like a dark cloud. By defying and disputing church orthodoxy on self-murder, these men and others like them, helped rescue suicide from ecclesiastical authority and control and situate it in the secular world. Secularizing suicide diminished the threat of divine punishment, making it less odious and more fathomable. Once a signifier of moral weakness and cowardice, suicide, in the hands of Southerners, became a vehicle for martyrdom.

Conclusion

News of Ruffin's violent death in June 1865 shocked all Americans, but elicited no public elegiacs in print. Northern and Southern newspapers alike noted his passing, but, considering his stature, very little ink was spilled on the news of his death, probably because the news of the South's surrender and the demobilization efforts preoccupied most Americans. One Philadelphia newspaper, observing that both the rebellious Confederacy and Ruffin had committed suicide, caustically remarked: "Both have gone out together."[1] Importantly, his suicide was neither reviled nor valorized at the time it occurred.[2]

But in a little over a decade, Ruffin's suicide had become a *cause célèbre* in Lost Cause circles. In 1877, Lost Cause propagandist George W. Bagby published a poem lamenting the disappearance of "the old Virginia gentleman." He includes a stanza on Ruffin:

> He was the first to fire the gun
> When Sumter was assailed,
> He it was who life disdained
> When our Great Cause had failed,
> And ever in the van of fight
> The foremost still he trod,
> Until on Appomattox' height
> He gave his soul to God,
> Like a good Virginia gentleman,
> All of the olden time.[3]

In just a little over a decade, Ruffin's self-inflicted death had become celebrated as a noble death and transformed into martyrdom, nostalgically reconfigured into a symbol of holy sacrifice.

Further indication that Ruffin had been elevated to Lost Cause martyrdom is found in the 1909 reminiscences of Virginian Sarah Rice Pryor, wife of a Confederate general, who recounted how Ruffin, "on hearing of Lee's surrender, Cato-like, he destroyed himself."[4] Pryor's allusion is to the classical suicide in 46 B.C.E. of Cato the Younger, whom Plutarch explained killed himself rather than live under the dominion of the corrupt and tyrannical Caesar.[5]

Pryor's invocation of Cato was intended to convey a similar noble sacrifice: rather than live under the reign of a government anathema to his pro-slavery convictions, Ruffin, like Cato, chose to die. As one early Ruffin biographer explained: "He had staked his all and lost. The candle of an ardent life had been snuffed out by its own intensity, but the reflected wave of undying conviction will pass on through all eternity to light the path of posterity."[6]

The most popular incarnation of Ruffin's suicide, originating in the late nineteenth century but having no basis in fact, has Ruffin draping himself in a Confederate flag before shooting himself, while another version has him buried with the flag. Neither account is based on extant sources from the time of his death; both are apocryphal. Although numerous scholarly sources, even those published in the past fifteen years, claim as fact that Ruffin wrapped himself in the flag before committing suicide, no contemporary account mentions it. Nor does Ruffin's namesake, Edmund Ruffin Jr., reference this detail when writing to others about his father's suicide shortly after the event.[7] In fact, the first published reference to Ruffin dying enveloped in a Confederate flag seems to have appeared in an unrelated collection of letters on the Tyler family in 1885. Soon thereafter, in 1909, a short biographical entry on Ruffin repeated the flag reference: "As he had lived with his life wrapped in the interests of the South, so he died, his body wrapped in the folds of the 'Stars and Bars,' the conquered banner of the 'Lost Cause.'"[8] Subsequent allusions to the flag, namely in Avery Craven's biography of Ruffin (1932), probably were based on this source.[9]

War's end forced a defeated and demoralized people to reconceive the meaning of suicide. Postwar white Southerners rejected the repugnant association of suicide with weakness, cowardice, and insanity, cultural markers of self-destruction in the antebellum and wartime South, opting for a new construction of suicide as heroic self-sacrifice, embodied by the self-inflicted death of Edmund Ruffin. This cultural reformulation of suicide would not have been possible without the catalyst of the Civil War, which played a significant role in destigmatizing suicide, in creating a space where news of a suicide provoked compassion, not ridicule, among former Confederates. Edmund Ruffin, in the minds of many, became a patriot who chose death, a final act of rebellion, rather than life under Yankee rule. Who would condemn him for his act of self-destruction? Who would cruelly denounce the self-inflicted fatal wounds of the many Confederate soldiers who returned home at war's end? Who would condemn to eternal damnation the stalwart women of the homefront who collapsed under the weight of unprecedented responsibility and fear of an advancing enemy? In the wake of war and the perva-

sive despair that it ushered in, more postbellum Southerners came embraced the sentiment expressed by Ruffin twenty-five years earlier on the death of his good friend, Thomas Cocke: "It is not for man to judge of, but for God—and may the merciful God judge of it in mercy!"[10]

The reworked meaning of suicide in the New South converged seamlessly with the racial politics of the post-emancipation era, signaling a glorification of white Southern suicide as a legitimate response to the negro menace. The year 1915 marked the release of the epic film *The Birth of a Nation*, the romantic rendering of the emergence of the racial terrorist organization, the Ku Klux Klan, directed by D. W. Griffith. One of the most suspenseful scenes in the movie is the pursuit of the virginal white teen, Flora Cameron, by the bestial, predatory Gus, a former slave, crazed with the political and social power he has newly acquired with his freedom. Emboldened by talk of social equality, he declares to a startled Flora that he wishes to marry her and make good on the promise of true equality. Instinctively perceiving a sexual threat, Flora takes off through the woods in a panicked effort to evade Gus's untoward overtures. The melodramatic chase follows a frantic Flora as she races to escape, her would-be rapist in pursuit. Eventually Flora finds herself trapped: on one side, a steep, rocky cliff, and on the other, Gus. She must choose: either she surrenders to the black beast rapist, loses her virginity, but lives (although forever tainted by the act of being despoiled by a black man) or she jumps to her death (and is spared the embarrassment, humiliation, and permanent stain of being raped by a black man). Flora chooses death.[11] (See figure 14.)

Griffith's celluloid creation plumbed closely to his literary inspiration, Thomas Dixon's *The Clansman* (1905), for much of the movie, but the suicide scene of Flora differs markedly from the original version. In the novel, the lovely white young girl—Marion is her name—is actually raped. Four "black brutes" break into the home she shares with her mother, and they are clear they have no interest in money or valuables: it is Marion they want. Readers are spared the grisly details, but find Marion awakening from her unconscious state, fully cognizant she has been violated by her bestial attackers. In consultation with her mother, she decides there is only one course of action to follow: she must die. Marion changes into a "spotless white" dress (further marking her virginity and innocence, as if the audience failed to grasp that fact) and makes her way to the woods with her mother, who asks Marion if she is afraid to die. "No; death is sweet, now." The thought of living after having been raped by black men is "torture." "This shame I can never forget, nor will the world forget. Death is the only way." And with that, her dying declaration, she and her mother join hands, step off the cliff together, and enter "the opal gates of death."[12] (See figure 15.)

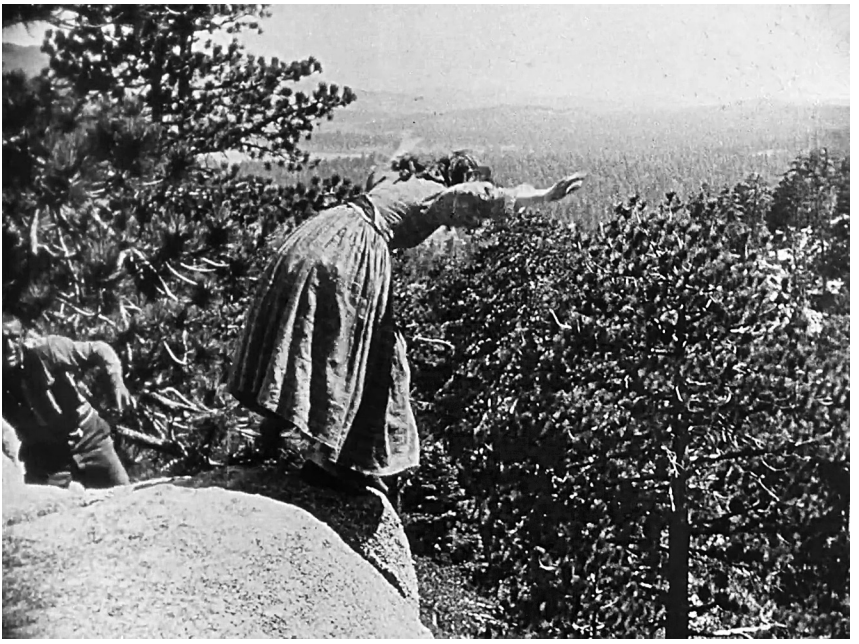

Figure 14 Scene from *The Birth of a Nation* (1915).

The glorification of suicide in these early twentieth-century representations, one in film, the other literary, represents a new and radically different view of suicide. In the early South, suicide was perceived as a repugnant act, cowardly, sinful, and shameful. Most Southerners adhered to the religious proscription against suicide that treated the act as a form of murder dooming victims to eternal death. Evidence suggests that within the country as a whole, rigid and odious attitudes toward suicide eased some, allowing for the decriminalization of suicide in the new nation, for example. Yet, as Richard Bell has shown, the impulse toward more enlightened views on suicide was turned back by a religious and nationalistic orthodoxy that viewed self-destruction as selfish, immoral, and detrimental to the well-being of the nation.[13]

It took a civil war for Southerners to begin reconsidering their near-universal moral and religious aversion to suicide. The war brought about an increase in suicidal activity, or at least that was the perception among many postwar Southerners. Some newspapers simply noted the uptick in suicidal activity, such as the story in the *Atlanta Weekly Sun* in 1871 that posed the rhetorical question "Is suicide epidemical?" in response to "an epidemic of suicide [that] is prevalent in the country."[14] Another report two years later remarked on the nonchalance with which people responded to news of sui-

Figure 15 "On the Brink of the Precipice the Mother Trembled," in Thomas Dixon's *The Clansman* (1905).

cides as well as their putative causes: "Suicides have become so frequent that people take the most frivolous excuse for 'shuffling off this mortal coil,' with the coolest sort of indifference."[15] The *Richmond Whig* in 1866 referred to a national "suicide epidemic" and listed a number of self-murders from throughout the country.[16] "The crime of suicide," wrote the *Tri-weekly Sumter (Ga.) Republican* in 1870, "is becoming frightfully common."[17] In fact, one writer levied a charge of sensationalism against newspapers that, to his mind, had gone so far as to characterize "self-destruction in the light of heroism."[18] A few sources went further and attributed the ostensible "suicide mania" to the late civil war. A Raleigh newspaper, for instance, acknowledged during the war that "anguish of the mind has driven thousands to suicide."[19] Josiah Gorgas, the chief ordinance officer for the Confederacy and later president of the University of Alabama, commented on the high number of suicides in the South in 1867. "I can now understand how those poor, doomed, wretches whose self destruction we daily see chronicled are forced to their doom. To

many, annihilation must be the only thing left. Nothing is so terrible as despair."[20]

Gorgas's reflection goes beyond merely acknowledging the vast suffering he observed in the defeated South as measured in suicides. He conceded that the "daily" incidents of self-destruction summoned in him feelings of empathy for the "poor, doomed, wretches" and transformed his thinking about suicide: "I can *now* understand," he intoned, implying the acts of suicide led to the acquisition of compassion and understanding about motives and circumstances of those who had taken their lives. "Annihilation" had become a logical response to unprecedented suffering and anguish. Gorgas, like countless others, had become sensitized to men and women who took their own lives, which helped chip away at the stigma of suicide. Women on the homefront fantasized about death as a way to escape the heavy weight of added responsibility, deprivation, enemy invasion, and the emotional scars of loss. Some women acted on those fantasies. Incidents of soldiers who died by their own hands forced Southerners to face the harsh dictates against self-murder and its association with unmanliness and cowardice. Soldier suicides came to be viewed as another casualty of war, an understandable if tragic result of horrific conditions of war. After the war, as physically and psychologically wounded veterans tried to reintegrate into civilian life and encountered obstacles to their return to normalcy, foremost, the challenge to reclaim masculine prerogatives like protecting and providing for their families, ex-Confederates increasingly turned to self-inflicted death as a way to escape their pain and failure as men. Confederate women, too, faced unprecedented challenges in the chaotic and volatile postwar period, which often overburdened them with unfamiliar roles and responsibilities that taxed many beyond their capacity to survive, resulting in institutionalization or, even extreme cases, suicide.

Against this backdrop of extraordinary suffering and increased suicidal activity, ex-Confederates surveyed the damage amidst the human and physical ruins and assessed the costs of secession and war to the region. What did all the suffering mean? In order to avoid seeing the sacrifices to the Confederate cause as futile, wrong-headed, or wasted, white Southerners began weaving a narrative of the war that allowed them to embrace the cause as honorable and claim that those who died while serving the cause had died heroically. Beginning in the 1870s, as ex-Confederates began to spin the war as a gallant Lost Cause, a newly reconfigured definition of suicide emerged from the imaginations of white Southerners, one that jettisoned the negative connotations and replaced them with laudatory ones.[21] Political suicide, or even individual suicide in a political setting, was now seen as honorable and heroic. War-related suicide was reworked as a symbol of sacrifice and heroism. In

war, suicide and suffering had become the twin markers of victimization and defeat.[22] Because suicide had become all too common during and after the war, white Southerners had to find ways to divest the act of its negative connotations like weakness, sinfulness, and cowardice, associations that had long stigmatized the act in the minds of most Americans. They had no choice but to embrace suicide and revamp it as a heroic (white) act.

Simultaneously, suicide emerged in the New South as a marker of racial superiority that further anchored the act to a neo-Confederate identity. Heroic suicide had to be cordoned off for whites only, though; African Americans, believed by Southern whites to be intellectually inferior and morally depraved, were incapable of committing an act that required bravery and reflected honor. If whites intended to lay claim to suicide as an indicator of civilized and superior peoples, they had to find ways to exclude blacks from participating in a noble act. They did this first by denying that blacks committed suicide. Second, in those (rare) situations when black suicide was undeniable, white Southerners withheld legitimacy. Blacks committed suicide, not because of depression (a symptom of advanced [white] civilizations) or as a noble act (they were cowardly by nature), but out of animalistic, uncontrollable mania, reflecting their natural state. Southern blacks, lacking self-control, killed themselves because they were crazed out of their minds and no longer under the constraints of enslavement. African Americans who died by their own hands were quite literally maniacs, suffering from freedom-induced mania. By contrast, melancholic whites chose self-murder after rational contemplation, something of which African Americans were incapable. Whereas the suicide of Edmund Ruffin was transformed into an act of patriotism, a gallant feat of defiance, symbolized by the fictional draping of the Confederate flag around him before he pulled the trigger, black suicides were either denied or cast as pathological acts of lunacy.

Suffering and suicide in the nineteenth-century South became inextricably bound to the tenets of the Lost Cause ideology after the war. Confederate Southerners, experiencing an unprecedented and relentless torrent of suffering, collectively and individually, had begun to see suicide as a plausible alternative to life. Simply put, voluntary death put an end to suffering. It also served an important ideological function in fashioning a Confederate identity that outlived the war and nation. Heroic suicide helped launch Confederate nationalism and became central to the Lost Cause ethos of sacrifice, instilling meaning into the vast suffering in the failed effort at independence.

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Notes

Abbreviations to Notes

ACWM	American Civil War Museum, Richmond, Virginia
CSA	Confederate States of America
CTS	Columbia Theological Seminary, Decatur, Georgia
CWSSS	Civil War Soldiers and Sailor System
GA	Georgia Archives, Morrow, Georgia
GAR	Georgia Asylum Records
LVA	Library of Virginia, Richmond, Virginia
PLDU	Perkins Library, Duke University, Durham, North Carolina
SBHLA	Southern Baptist Historical Library and Archives, Nashville, Tennessee
SCDAH	South Carolina Department of Archives and History, Columbia, South Carolina
SCLA	South Carolina Lunatic Asylum
SCSH	South Carolina State Hospital
SCSHI	South Carolina State Hospital for the Insane
SHC, UNC	Southern Historical Collection, University of North Carolina Library, Chapel Hill, North Carolina
TSLA	Tennessee State Library and Archives, Nashville, Tennessee
VMHC	Virginia Museum of History and Culture, Richmond, Virginia
WPA	WPA Slave Narratives
WU	Winthrop University, Rock Hill, South Carolina

Introduction

1. Woodward, "Life in Martial Rhythm."

2. Hackney, "Southern Violence," 906.

3. Works focusing on violence in the South include Franklin, *Militant South, 1800–1861*; Bruce, *Violence and Culture in the Antebellum South*; Ayers, *Vengeance and Justice*; Gorn, "'Gouge and Bite, Pull Hair and Scratch'"; Trelease, *White Terror*; Emberton, *Beyond Redemption*; Budiansky, *The Bloody Shirt*; Shapiro, *White Violence and Black Response*. The literature on lynching is vast but includes Brundage, *Lynching in the New South*; Brundage, ed., *Under Sentence of Death*; Dray, *At The Hands of Persons Unknown*; Tolnay and Beck, *A Festival of Violence*; Wright, *Racial Violence in Kentucky*.

4. David Silkenat's work is the notable exception. His book contains several chapters on suicide in nineteenth-century North Carolina. Silkenat, *Moments of Despair*. Terri L. Snyder's recent monograph focuses on slavery and suicide in the larger British

Atlantic world. Snyder, *The Power to Die*. Mark S. Schantz offers a chapter on slave suicide in his monograph *Awaiting the Heavenly Country*, 126–62. Most historians have taken their cues about Southern suicide from Hackney, who established that, while homicide rates were higher in the South, suicide rates there fell below rates elsewhere in the country. Later, historian Edward L. Ayers, citing mortality schedules in the 1860 census, confirmed Hackney's assertion that the number of deaths attributed to self-murder in the South lagged behind the North and the rest of the country. Hackney, "Southern Violence"; Ayers, *Vengeance and Justice*, 25, 286n44.

U.S. historians generally have slighted the topic of suicide. Howard I. Kushner's, *American Suicide* is the only sweeping survey of suicide in America. See also Kushner's essays about gender and suicide in a historical context, including "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought," later reprinted as "Sucide, Gender, and the Fear of Modernity," and "Women and Suicide in Historical Perspective." Additional works include Snyder's "What Historians Talk about When They Talk about Suicide" and "Suicide, Slavery, and Memory." On the rhetoric and discourse of suicide in the early republic, see the works of Richard Bell, *We Shall Be No More*, "The Double Guilt of Dueling," and "In Werther's Thrall." Roger Lane explores suicide in his larger work, *Violent Death in the City*, 13–34. On Civil War soldiers and suicide, see R. Gregory Lande's "Felo De Se," 531–36, though his focus is largely the Northern soldier.

European sociologists planted the flag on the study of suicide, beginning with the seminal scholarship of Émile Durkheim, whose published work *Le suicide* first appeared in 1897 and whose influence extended well past the mid-twentieth century. Durkheim sought to identify the cause of suicide, which he rooted in social and economic structural forces. Durkheim famously categorized suicide into several basic types, each of which related to a different set of structural factors. In seeking to understand why certain people killed themselves, Durkheim discounted individual motives and circumstances of those who took their own lives, dismissing them as mere pretext. He viewed suicide as a social, not an individual, act. For Durkheim, suicide constituted a rejection of society and could be traced to the extent to which individuals and groups were integrated into society. Durkheim, *Suicide*. On Durkheim's theories on suicide, consult Bailey, *"This Rash Act,"*15–33; Pickering and Walford, eds., *Durkheim's "Suicide,"* 1–10; Taylor, *Durkheim and the Study of Suicide*, 6–21; Goeschel, *Suicide in Nazi Germany*, 1–3, 4; Tomasi, "Emile Durkheim's Contribution to the Sociological Explanation of Suicide," 13–14.

Important historical and sociological studies of suicide outside the United States include Bailey, *"This Rash Act"*; Anderson, *Suicide in Victorian and Edwardian England*; Watt, ed., *From Sin to Insanity*; Watt, *Choosing Death*; MacDonald and Murphy, *Sleepless Souls*; Gates, *Victorian Suicide*; Perez, *To Die in Cuba*; Goeschel, *Suicide in Nazi Germany*; Paperno, *Suicide as a Cultural Institution in Dostoevsky's Russia*; Lieberman, *Leaving You*; Minois, *History of Suicide*; Douglas, *The Social Meanings of Suicide*.

5. Jack D. Douglas advocated a case-study approach to the historical study of suicide. Douglas, *The Social Meanings of Suicide*, 164, 255–70, 284–319. His cases, though, are taken from the twentieth century, when medical records were more thorough and standardized. Some of the "cases" under study here do in fact emanate from asylums,

so they resemble modern "case studies." However, many of the individual suicide cases I examine are culled from a variety of sources, many unrelated to a medical setting.

6. My thoughts here are much informed by Brancaccio, Engstrom, and Lederer, "The Politics of Suicide."

7. Scholars, particularly social scientists, have long treated suicide as an index of suffering. "Moral statisticians" in the late nineteenth century quantified suicide in order to measure the effects of "civilization" and then linked those findings to a gendered, religious, and ethnic schema of suffering in which the tendency of white male Protestants to kill themselves more frequently than other groups provided ostensible evidence of greater suffering, proof of intellectual and moral superiority. Durkheim, *Suicide*. Durkheim's study was preceded by that of Enrico A. Morselli, *Suicide: An Essay on Comparative Moral Statistics*, originally published in 1879, which compiled vital statistics, mostly from Europe. See also O'Dea, *Suicide*. Treatments of late nineteenth-century suicidologists include Brancaccio, "'The Fatal Tendency of Civilized Society,'" and Lederer, "Sociology's 'One Law.'" Alison Clark Efford, at work on a project on suicide and immigrants, cautions against uncritically accepting suicide as a measure of suffering. Efford, "Suicide Rates as an Index of Suffering."

8. Frances Clarke examines the culture of suffering in the North during the war. Clarke, *War Stories*. Clarke argues that Northerners idealized wartime suffering and linked it explicitly to a national purpose. Nina Silber addresses the Northern sympathetic response to Southern suffering. Silber, *The Romance of Reunion*, 51. Neither author studies the impact of suffering on Southerners themselves. Lesley J. Gordon's account of a Connecticut regiment demonstrates that quite a few of its members wrote often and extensively on suffering in ways that differ from those in Clarke's book. Gordon, *A Broken Regiment*. Works that include aspects of individual and community suffering in their larger coverage of the Civil War in the South are vast, but see Massey, *Ersatz in the Confederacy*; Paludan, *Victims*; Blair, *Virginia's Private War*; Thomas, *The Confederate Nation*; Sutherland, *Seasons of War*; Fellman, *Inside War*; Ash, *A Year in the South*; Rable, *Fredericksburg! Fredericksburg!* These books, among others, touch upon detrimental effects of war on Confederates. My book differs, though, in that it does so in a more complex, expansive, and sustained way.

9. Faust, *Mothers of Invention*.

10. On Southern men torn between martial duty and family duty, consult Riley, "'This Is the Last Time I Shall Ever Leave My Family.'"

11. On Confederate soldiers' identities and sense of manhood, see Berry, *All That Makes a Man*; Phillips, *Diehard Rebels*; Glatthaar, *General Lee's Army*, 36, 153–54.

12. Goeschel, *Suicide in Nazi Germany*, 26.

13. On the suffering of Confederate women during the war, consult Rable, *Civil Wars*; McCurry, *Confederate Reckoning*; Bynum, *Unruly Women*.

14. Harper, *Memoir on Slavery, Read before the Society for the Advancement of Learning, of South Carolina*.

15. Snyder, *The Power to Die*, 155.

16. Summers, "'Suitable Care of the African When Afflicted with Insanity'"; Long, *Doctoring Freedom*; Downs, *Sick from Freedom*.

17. Anderson, *Suicide in Victorian and Edwardian England*. The penchant for using statistical data to explain patterns in historical studies of suicide began with social scientists in the second half of the nineteenth century, most famously Durkheim in *Suicide*. On the challenges of obtaining reliable suicide rates in early America, consult Bell, "Locating an Early American Suicide Rate." On methodological challenges in the study of suicide in North Carolina records, see Silkenat, *Moments of Despair*, 221–23.

Scholars of suicide have contested the utility of a quantitative approach to historical suicide. To be sure, Anderson is cautious in her use of statistics and is well aware of its flaws and limitations. Anderson also skillfully employs additional sources—sermons, law, coroners' reports, poetry, illustrations—to buttress her quantitative findings. Victor Bailey's pathbreaking *"This Rash Act"* follows in this vein, although he characterizes his approach as "refurbished Durkheimianism" (5). An army of scholars, though, questions the validity and accuracy of numeric data related to suicide, notably Jack D. Douglas, who, in *The Social Meanings of Suicide*, pointed out the unreliability of official record keeping and reporting of suicides. Douglas argues that suicide is socially and culturally constructed and not, as Durkheim assumed, an immutable fact. Douglas and others have noted rightly that a variety of factors influenced coroners in rendering their findings, such as pressures from family members embarrassed by a family member's suicide. Underreporting of suicide can also be traced to uncertainties regarding cause of death that obscured whether one's death was intentional or accidental. Coroners with varying degrees of training or expertise also misreported or misclassified deaths by suicides. Official and bureaucratic processes of classifying a death as a suicide thus were subjective and contested. Michael MacDonald and Terence R. Murphy likewise question the quantitative approach to suicide, focusing instead on the cultural meaning of suicide, by which they mean "how it is defined and identified, and how it is understood by suicides themselves, by their survivors, and by society at large." In their study of early modern England, they privilege questions concerning what people thought about suicide and how they reacted to suicide. The key to unlocking the answers to these questions, they argue, lies with their efforts to "decode the meanings in social actions and in texts." MacDonald and Murphy, *Sleepless Souls*, 4. The methodology of *Aberration of Mind* is much informed by their approach to historical suicide.

18. Devine, *Learning from the Wounded*, 9–10.

19. For example, Bailey's database of completed suicides (based on coroners' rulings) consists of 493 males and 236 females. Bailey, *"This Rash Act,"* 125.

20. Ibid., 129.

21. My ideas about gender and suicide are informed by Kushner, "Suicide, Gender, and the Fear of Modernity," 31–38. Kushner criticizes Durkheim's classification system, which was based on incidence of lethal suicide. By employing a narrow definition of suicide, Durkheim ignored attempted suicides, mostly by women. Kushner points out that redefining suicide to include attempted acts elevates women as the group at greatest risk for suicidal behavior.

22. I have adapted the approach employed by Bailey, whose discussion of the intervention of Maurice Halbwachs on this methodological issue is particularly useful. Halbwachs's challenge to Durkheim is central in his work, *The Causes of Suicide* (1930). Bailey, *"This Rash Act,"* 18–20.

23. Bailey, *"This Rash Act,"* 31.

24. Kushner's insight on this point is noted.

25. Murthy and Lakshminarayana, "Mental Health Consequences of War," 25–30.

26. Paul A. Cimbala offers a reflective cautionary note about historical treatments of PTSD and Civil War soldiers in *Veterans North and South*, xv–xviii. See also Wayne Wei-Siang Hsieh's "'Go to Your Gawd like a Soldier,'" 551–77. Cimbala suggests that historians pursuing research on postwar trauma and Civil War soldiers should consider examining soldiers who displayed resiliency and proved resistant to effects of war trauma. Hsieh appears to propose a "transnational" perspective in order to better gauge the effects of war trauma, although offering that American veterans had it easier than Chinese soldiers, large numbers of whom were executed when they were defeated, hardly seems a satisfying alternative (559–60).

27. Yehuda, "Post-Traumatic Stress Disorder," 108–14. The diagnosis criteria are found on 109.

28. Further impeding attempts to understand the psychological and emotional impact of war on nineteenth-century Southerners are the complicated ways that physiological ailments and injuries manifested psychological symptoms. Scientists and medical practitioners now know, for instance, that traumatic brain injury (TBI) mimics some of the same psychological symptoms as PTSD, including depression and suicidal ideation. Disease can also produce signs of mental illness. Syphilis, for example, in its advanced stages can bring on dementia. Onion, "Map Shows the Most Syphilitic States in the Union."

29. Dean, *Shook over Hell*, 91–114; Andersen, "'Haunted Minds.'"

30. McClurken, *Take Care of the Living*, 132. For a different approach to interpreting illness in the nineteenth century, see Clarke, "So Lonesome I Could Die."

31. Andrew J. Huebner makes use of this term in his study *Love and Death in the Great War*. My appreciation to Stephen Ortiz for sharing this concept with me.

32. McClurken, *Take Care of the Living*, 14–15, 183n13.

33. Steckel, "The Fertility Transition in the United States"; Haines and Hacker, "Spatial Aspects of the American Fertility Transition in the Nineteenth Century."

34. On the cultural meaning of suffering in the North, see Clarke, *War Stories*; in the South, see Rubin, *A Shattered Nation,* 50–54

35. Rubin, *A Shattered Nation*, 7.

36. For a recent review of this latest "turn" in Civil War historiography framed as "new revisionism," consult Sternhell, "Revisionism Reinvented?"; Emberton, "Unwriting the Freedom Narrative," 383. For a popular synopsis of the dark turn, consult Horwitz, "150 Years of Misunderstanding the Civil War."

37. Dean, *Shook over Hell*; Faust, *This Republic of Suffering.* One critic of the dark turn contemptuously referred to it as a "wide ranging evidentiary base of woe." Hsieh, "'Go to Your Gawd like a Soldier,'" 551. Examples of "the dark turn" include Adams, *Living Hell*; "The Trauma of War" special issue of *Civil War History* 59:4 (December 2013); Miller, *Empty Sleeves*; Nelson, *Ruin Nation*; Linderman, *Embattled Courage*; Berry, ed., *Weirding the War*; Hacker, "A Census-Based Count of the Civil War Dead"; Carmichael, "We Shall Never Any of Us Be the Same"; Berry, "When Metal Meets Mettle"; Grant, "The Lost Boys." Phillip Shaw Paludan's *Victims* appeared earlier than Dean's *Shook over Hell*, and although they differ in approaches and subject matter, both aim to expose the impact of war-related trauma on the individual.

38. Hsieh, "'Go to Your Gawd like a Soldier,'" 552, 557; Gallagher and Meier, "Coming to Terms with Civil War Military History," 492. Critics also have taken aim at dark turn scholars by accusing them of infusing their analyses with "presentism" and "advancing a political agenda," though these critics have not done a particularly good job of explaining these terms or what they mean by political agenda. See, for example, Carmichael, "Relevance, Resonance, and Historiography," 182.

39. Prewar religious and societal views toward suicide will be discussed in more depth in chapter 8, but examples of theological condemnation of suicide as self-murder include [Fisher and Erskine], *An Essay towards an Easy, Plain, Practical and Extensive Explication of the Assembly's Shorter Catechism*; [Green], *Lectures on the Shorter Catechism of the Presbyterian Church in the United States of America*; Miller, *The Guilt, Folly, and Sources of Suicide*; Lathrop, *Two Sermons on the Atrocity of Suicide and on the Causes Which Lead to It* (although Joseph Lathrop's condemnation of suicide left open the possibility that those suffering from insanity might not be accountable for their own deaths [15]); *Gracious Interpositions; or, "Do Thyself No Harm"*; and Watson, *Theological Institutes*. A fuller examination of religious and theological attitudes toward suicide in the nineteenth-century South can be found in Sommerville, "'Cumberer of the Earth,'" and in chapter 8. The Universalists dissented from mainstream proscriptions against suicide, which ordained that suicide fell under the auspices of the Sixth Commandment against murder.

40. Clemens, *Bernard Lile*, 19; Danielson, "Jeremiah Clemens."

41. Sinclair, *Poems*, 95.

42. "Cousie" to "My Silent Darling," February 14, 1861, John Wesley Halliburton Papers, SHC, UNC.

43. *Concordia (La.) Intelligencer*, June 16, 1841, p. 3. Antebellum attitudes toward suicide will be more fully explored in chapter 8.

44. *Petersburg Index*, September 13, 1869.

45. Censer, *The Reconstruction of White Southern Womanhood*, 1–2.

46. Lieberman, *Leaving You*, 43.

47. Goeschel, *Suicide in Nazi Germany*, 1.

48. Berry, "The Future of Civil War Era Studies: Predictions."

Chapter 1

1. *Richmond Daily Dispatch*, February 24, 1862. The headstone inscription can be found at Find A Grave, https://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=32639342 (accessed October 28, 2017).

2. Bailey, *"This Rash Act,"* 31. One historian has described suicide as the "most private and impenetrable of human acts." Richard Cobb, *Death in Paris*, 101, quoted in Goeschel, *Suicide in Nazi Germany*, 1. Lingering emotional or family issues, worries about finances, unrequited love, homesickness, heredity, illness, and scores of other circumstances, likely contributed to wartime soldier suicides. Moreover, some of the men who killed themselves while in uniform might well have done so if there had not been a war. Importantly, not all Confederate soldiers exposed to war trauma took their own lives, so other conditions certainly came into play. Nonetheless, what all wartime suicides have in common is the war.

3. Those who took their own lives infrequently left notes before the Civil War, leaving us to search for clues in the accounts of relatives and the reaction of community members to those suicidal deaths or in the limited personal information culled from census materials or court and military records, which stingily yield parcels of insight into the suicides' circumstances and feelings. Suicide notes themselves are not *prima facie* evidence of motive, as those who opted for voluntary death oftentimes sought to shape the understanding of their deaths, which sometimes meant concealing true motives.

4. Bailey, *"This Rash Act,"* 29–32.

5. *Richmond Daily Dispatch*, February 24, 1862, and February 26, 1862. Butler's service record is found at Fold3.com: Thomas Butler, T. Butler/Thomas P. Butler, Company I, 7th South Carolina regiment. Nowhere do service records indicate cause of death. He was assigned to a non-combat role in the commissary, likely because of his advanced age. His widow filed a claim for several months' salary. Petition on behalf of Sarah L. Butler, June 15, 1863, also on Fold3.com. On the activities of the 7th South Carolina regiment, see The Civil War in the East, http://www.civilwarintheeast.com/CSA/SC/SC07.php (accessed September 2, 2017).

6. Nineteenth-century understanding of "insanity" and its causes was vague, very much in flux, and often confused symptoms with causes. The founding of the Association of Medical Superintendents of American Institutions for the Insane in 1844 (the progenitor of the American Psychiatric Association later in the century) inaugurated the publication of the *American Journal of Insanity*, the most important source of psychiatric literature in the nineteenth century, and is usually regarded as the beginning of American psychiatry. Asylum superintendents constituted the experts in early psychiatry, as psychiatrists, physicians specializing in mental health, did not yet exist. Those charged with treating mentally ill patients faced considerable confusion in classifications and causes of insanity. Many continued to be influenced by eighteenth-century notions that attributed insanity to physical causes. Benjamin Rush, for example, believed the cause of "madness" to be situated in the blood vessels of the brain. Later, others pointed to brain "lesions" as the source of mental impairment. Most early American physicians in the antebellum period, though, saw insanity as a physical disorder but disagreed over whether the cause was environmental or moral. Disagreement also characterized the designation of proximate (immediate) and predisposing (underlying) causes of insanity. On early American psychiatry and the supposed causes of insanity, consult Jarvis, "Causes of Insanity," 289–305; Grob, *The Mad among Us*, 5–12, 58–64; Grob, *The State and the Mentally Ill*, 51–61, 229–32; Dean, *Shook over Hell*, 144–45; Dain, *Concepts of Insanity*, 3–113; Fox, *So Far Disordered in Mind*, 15; Tomes, *The Art of Asylum-Keeping*, 77–87; Shryock, "The Beginnings"; Rothman, *The Discovery of the Asylum*, 3–154.

7. There is no way to quantify systematically and reliably the number of Confederate soldiers who killed themselves during the war, as there was no system in place to track wartime deaths, unlike U.S. military records. The Surgeon General of the United States documented cause of death for Union soldiers in the six-volume *Medical and Surgical History of the War of the Rebellion*, but no such analog exists for the Confederate States of America (CSA). (The entire report is accessible at Archive.org.) Official Union sources list 400 suicides as cause of death for its soldiers, although this

figure is surely too low. Hess, *The Union Soldier in Battle*, 90. For cases of Union soldiers committing suicide during the war, see Lande, "Felo De Se," 533–35. Lande offers that from June 1861 to August 1865, U.S. forces averaged 5.25 suicides per month. See also Frueh and Smith, "Suicide, Alcoholism, and Psychiatric Illness among Union Forces."

A classic late nineteenth-century study of suicide in Europe asserted that suicide rates were highest in the military. To cite one example, the rate of suicide in the Italian military was fourteen times that of the civilian population. Morselli, *Suicide*, 256–61. Durkheim suggested that in European countries in the late nineteenth century, military suicides outpaced those among the civilian populations by between 25 and 900 percent. Durkheim, *Suicide*, 228. See also Kushner, "Suicide, Gender, and the Fear of Modernity," 37–38. If Confederate soldiers did commit suicide at significantly higher rates than the civilian population, and there is no way to ascertain that, then they would have been part of a larger trend of higher rates of suicide among Western armies in the second half of the nineteenth century. On suicide among nineteenth-century British soldiers, consult Padiak, "Death by Suicide in the British Army."

8. Padiak, "Death by Suicide in the British Army," 128.

9. Service records of A. Pickens Butler, Company A, Cavalry Battalion, Hampton Legion, and Company G, 1 (McCreary's) South Carolina, at Fold3.com.

10. Like Bailey, I privilege the testimony of principal observers and witnesses to historical suicides and find these sources useful and compelling in assigning motive. Their ideas about causation have been informed by their lived experiences and circumstances; they are the best links we have to the suicide victims, even though their understanding of suicide causation was circumscribed by limitations of scientific and medical knowledge. Bailey, *"This Rash Act,"* 31–32.

11. I prefer the more all-encompassing term "war trauma" rather than the commonly (but often incorrectly) used "PTSD," short for post-traumatic stress disorder, a clinical diagnosis referring to behaviors exhibited following exposure to battle and embracing a wide range of symptoms including "rage, guilt, flashbacks, nightmares, depression, and emotional numbing," which are then manifested in myriad social and psychological pathologies, such as domestic violence, substance abuse, unemployment, and suicide. Dean, *Shook over Hell*, 5. Since the publication of Dean's important work, a flurry of studies, not all of them written by historians, have taken seriously the emotional and psychological impact of the war on Civil War soldiers. Among them are Warshauer and Sturges, "Difficult Hunting"; Andersen, "'Haunted Minds'"; Adams, *Living Hell*; Berry, "When Metal Meets Mettle"; Bussanich, "'To Reach Sweet Home Again'"; Carmichael, "We Shall Never Any of Us Be the Same"; Dean, "'His Eyes Indicated Wildness and Fear'"; Sommerville, "'A Burden Too Heavy to Bear'"; Marten, "Nomads in Blue"; Fleming, "Living Casualties of War"; Carroll, "'The God Who Shielded Me Before, Yet Watches over All Us.'" Treatments of war trauma that generally or tangentially touch on Civil War soldiers and veterans include Hyams, Wignall, and Roswell, "War Syndromes and Their Evaluation," 398–405; Jones, "Historical Approaches to Post-Combat Disorders"; Kentsmith, "Principles of Battlefield Psychiatry." Several recently published monographs on Civil War veterans take seriously the psychological and emotional costs of the war. These include McClurken, *Take Care of the Living*, 118–42; Jordan, *Marching Home*; Marten, *Sing Not War*,

87–91; Gordon, *A Broken Regiment*, 221–25; Cimbala, *Veterans North and South*. *Civil War History* devoted an entire issue to the topic: "The Trauma of War," special issue, *Civil War History* 59:4 (December 2013).

12. Much of the discussion about Civil War soldiers and psychological trauma has turned on the related question of whether the war should be considered a "modern" war, the assumption being that modern or twentieth-century wars employed tactics (like trench warfare) and weapons (like mustard gas) that made the experience much more traumatic for soldiers. For an explanation of why "premodern" warfare was believed less psychologically stressful to troops than twentieth-century warfare, consult Ingraham and Manning, "American Military Psychiatry," though the authors cite the American Civil War as the first time that psychological symptoms were viewed as a military problem (27–28). Earl J. Hess insists that while the American Civil War contained modern characteristics it was not a "modern" conflict, although his definition encompasses political as well as military criteria. He is clear nonetheless that the Northern soldier, the subject of his fine study, "did not have to endure the horrors that his counterpart in World War I" did. Hess, *The Union Soldier in Battle*, 198. Richard A. Gabriel's survey of wars and psychiatry treats the Civil War as a "progenitor of modern war." Gabriel, *No More Heroes*, 106. James M. McPherson sees elements of both traditional and modern warfare in *Ordeal by Fire* (183), but he also points out in a comparison of the Civil War and the Vietnam War that the combat experience of Civil War soldiers was more "intensive and prolonged" than for American GIs in Vietnam. McPherson, "War in the Mind." While nineteenth-century American soldiers faced different conditions from their later counterparts, they contended with deprivations and circumstances—extensive marching and walking in the absence of modern transportation, rampant disease, chronic food shortages, and extensive periods of exposure—that contributed substantially to physical and emotional suffering, common triggers of psychiatric casualties. I remain unpersuaded of the utility of the "modern" vs. "premodern" paradigm as an effective apparatus through which to gauge the psychological experience of soldiers and, in fact, fear that it clouds our understanding of the military experience of Civil War soldiers, who deserve to be studied without being compared to those who participated in twentieth-century wars. See Dean, *Shook over Hell*, 46–54. On the difficult conditions Civil War soldiers faced generally, turn to Adams, *Living Hell*. Two retired psychiatrists who authored a historical survey of psychiatry in the U.S. military identified the Civil War as a conflict that "included circumstances which were favorable to the causation, recognition, and acceptance of wartime mental disorders," and among these were large numbers of soldiers new to battle, who were prone to breakdown; repeated major engagements involving large numbers of military personnel; and high death rates. Glass and Jones, "Psychiatry in the U.S. Army," chapter 2, p. 3.

13. Dean, *Shook over Hell*. Dean's work, like the few others on Civil War soldiers and war trauma, focuses mainly on Union soldiers primarily because of the availability of sources, such as federal pension records. See also Warshauer and Sturges, "Difficult Hunting"; Andersen, "'Haunted Minds'"; Marten, "Nomads in Blue." World War I and II soldiers have received much more attention from scholars interested in the psychological effects of war trauma, and the literature is extensive. A sampling of that literature includes Shepherd, *A War of Nerves*; Moran, *The Anatomy of Courage*;

Fussell, *Wartime*; Bourke, "Effeminacy, Ethnicity and the End of Trauma"; Leed, "Fateful Memories"; Mosse, "Shell-Shock as a Social Disease." Generally on war and psychiatry, consult Gabriel, *No More Heroes*.

Dean's *Shook over Hell* persuasively argues that the conditions of the Civil War were more intense and protracted than those of the Vietnam War, making fertile ground for extensive psychiatric casualties, noting, for example, that the death rate in the American Civil War was sixty-nine times as great as in the Vietnam War and that the casualty rate in the Civil War was also much greater: nearly 25 percent of its soldiers were killed or wounded compared to under 6 percent in Vietnam. Dean, *Shook over Hell*, 180. Dean's pathbreaking work has been very influential shaping studies of war trauma and Civil War soldiers, though it has provoked criticism from military historians who object to linking soldiers' and veterans' pathological behaviors with their wartime experiences on several grounds. First, they argue that historians who do so apply modern categories and understandings to historical actors who were unaware of such things. Because nineteenth-century Americans were unaware of conditions like PTSD, historians, armed with knowledge of modern science, should not apply this knowledge retroactively. In other words, they claim this approach is anachronistic. Historical actors would not have shared our ideas about suffering and human consciousness. Second, critics have accused historians of Civil War trauma of treating PTSD as "universal" or "timeless" when in fact the diagnosis emerged only in the context of the Vietnam War. Third, they suggest that by *studying* Civil War trauma we are somehow "overemphasizing" that experience. The worry, it seems, is that such attention runs the risk of "depicting a world populated only by traumatized survivors" (Hsieh, "'Go to Your Gawd like a Soldier,'" 559).

While I concur that historians need to approach their subjects with the utmost care and not project modern sensibilities into their analyses, it is unreasonable to expect historians to refrain from considering links between psychiatric distress among soldiers and their experiences in military service, knowledge that we have at our disposal, simply because nineteenth-century Americans did not. Developments in scientific knowledge are not unlike developments in approach, like multiculturalism or feminist theory, for example, that lead to new ways of thinking that help historians understand and analyze events of the past. It is essential that historians not ignore the obvious, and now well-established, links between psychiatric ailments and Civil War combat experience. I know of no credible historian working on war trauma from any period who makes the argument that PTSD was universal. Historical treatments of war trauma situate the actors and their conditions in the particular circumstances of the time and place. That said, military combat is considered to be "the most intense stressor known to human beings" (Jones, "Historical Approaches to Post-Combat Disorders," 533), regardless of geographic setting or time period. Historical context, of course, is central in shaping individuals' responses to combat—What was the nature of weapons used? Were the combatants volunteers, conscripts, or professional soldiers? What were the motives for fighting?—and should be considered in one's analysis, as they are in this study.

The accusation that by merely bringing scholarly attention to Civil War soldiers who suffered from war trauma, a topic that has been overlooked for decades, somehow risks universalizing that experience and assuming all Civil War soldiers were trau-

matized by their combat experience is misguided. All Civil War historians, but especially military historians, should aspire for as complete an understanding as possible about the impact of combat on all soldiers, not merely those who apparently lived and thrived after the war. In fact, the real danger is that by *not* telling the story of those men scarred emotionally by war, we run the risk of minimizing the human cost of war. For criticism of the study of Civil War trauma, see Gallagher and Meier, "Coming to Terms with Civil War Military History," 492. For more strident critiques, consult Hsieh, "'Go to your Gawd like a Soldier,'" and Carmichael, "Relevance, Resonance, and Historiography," 182, though Carmichael himself examines "psychic wounds" of returning Confederate soldiers in an earlier work. Carmichael, "We Shall Never Any of Us Be the Same."

14. This study examines the records of two Southern insane asylums, the South Carolina Lunatic Asylum in Columbia, South Carolina, and the Georgia State Lunatic Asylum in Milledgeville, Georgia. The Georgia asylum first opened its doors in 1842 and was severely taxed by the increase in patients during and after the war, although most of its patients were civilians. Thomas Green, superintendent and resident physician of the asylum, reported in 1867 that the facility was "greatly overcrowded" and filled, "crowded to its utmost capacity." Green, "Report of Superintendent and Resident Physician to Board of Trustees, October 2, 1867," 5. Conditions had not abated the following year when Green reported that in 1868 there was a long waiting list for patients, many of whom were in the "most pitiable condition." Green, "Report of the Superintendent and Resident Physician to Board of Trustees" (1870), 8. The asylum has been known by various titles over the years including the Georgia Insane Asylum, Georgia Lunatic Asylum, Georgia State Sanitarium, and, most recently, Central State Hospital. Cranford, *But for the Grace of God*. The South Carolina facility officially opened in 1828. For more on the South Carolina Lunatic Asylum, as it was called, refer to McCandless, *Moonlight, Magnolias, and Madness*.

15. Travis, *Wounded Hearts*, 31–32, 35; Anderson, "Dying of Nostalgia," 271.

16. The focus of this chapter is Confederate soldiers in uniform engaged or about to be engaged in warfare and so precludes the treatment of veterans after the war, whose symptoms of psychological and traumatic injuries became manifest or were treated after the war years (even into the twentieth century) and whose war trauma was exacerbated by postwar conditions. Chapter 5 of this book will address veterans.

17. I rely heavily on Linderman's work *Embattled Courage*, in which he argues that, as the war progressed and the nature of war evolved, original conceptions of courage gave way. For a more nuanced, recent treatment of cowardice during the Civil War, see the works of Chris Walsh, "'Cowardice Weakness or Infirmity'" and *Cowardice*.

18. On the response of Northerners to suffering, see Clarke, *War Stories*; Fredrickson, *The Inner Civil War*, 79–112.

19. Harsh attitudes toward suicide had been slowly relaxing in the early modern period, as Snyder outlines in "What Historians Talk about When They Talk about Suicide," most notably in the gradual elimination of legal sanctions, such as the forfeiture of property. British colonies, such as Virginia and Georgia, adopted English common law regarding suicide, although instances of colonial authorities acting on the laws against self-murder are rare (658–63). Despite this appreciable softening in attitudes toward suicide, religious and popular animus toward suicide victims

remained in the nineteenth century. Antebellum Southern cultural attitudes toward suicide are addressed in chapter 8.

20. McPherson, *For Cause and Comrades*, 16–18; Glatthaar, *General Lee's Army*, 17–18; Frank and Reaves, *"Seeing the Elephant,"* 18–19; Linderman, *Embattled Courage*, 87–89.

21. Linderman, *Embattled Courage*, 87.

22. Singerman, "An Unfinished Battle, 1848–1865," 279. On Confederate women's support for the war, consult Wiley, *The Life of Johnny Reb*, 18; Boswell, *Her Act and Deed*, 93; Massey, *Bonnet Brigades*, 30, 32–42; Frank, "War on Two Fronts, " 40–41; Clinton, *Tara Revisited*, 57–58. On Confederate women's support for their male kin's enlistment, see the works of LeeAnn Whites, *The Civil War as a Crisis in Gender*, 19, and Drew Gilpin Faust, *Mothers of Invention*, 12–23. Both Whites and Faust acknowledge that while white Southern women willingly, even exuberantly, sacrificed their male relatives to the war effort, many harbored reservations and remained conflicted. Stephanie McCurry notes that Southern women's support for the Confederate cause dates from secession, not wartime. McCurry, *Confederate Reckoning*, 90–91. Northern men, too, well understood that those who refused to enlist "might as well be women." Mitchell, "Soldiering, Manhood, and Coming of Age," 50; Mitchell, *The Vacant Chair*, 4–7; Bussanich, "'To Reach Sweet Home Again,'" 39.

23. Quoted in Wyatt-Brown, *Southern Honor*, 35.

24. Mitchell, "Soldiering, Manhood, and Coming of Age," 44. On the socialization of Southern white boys and masculinity see Laver, "Refuge of Manhood."

25. "Seeing the elephant" referred to the excitement of combat. McPherson, *For Cause and Comrades*, 30; Frank and Reaves, *"Seeing the Elephant,"* 1.

26. Wiley, *The Life of Johnny Reb*, 29, 84, 89; Hess, *The Union Soldier in Battle*, 84–93; Walsh, "'Cowardice Weakness or Infirmity,'" 504–5, 507, 510–12, 521–25; Adams, *Living Hell*, 110–12; McMahon, "Nervous Disease and Malingering"; McPherson, *For Cause and Comrades*, 79; Deutsch, "Military Psychiatry," 372–73; Lande, *Madness, Malingering, and Malfeasance*. Captain Elijah Petty wrote to his wife about soldiers feigning illness to avoid duty. Letter to "Wife," December 14, 1862, Camp Ink Bayou, Pulaski County, Arkansas, and letter to "Dear Wife," January 10, 1863, in Brown, ed., *Journey to Pleasant Hill*, 112 and 124–25. See also the account by a Confederate physician whose job it was to ferret out fakers from the truly ill, in Anderson, ed., *A Texas Surgeon in the C.S.A.*, 37. Ferdinand E. Daniel, a Confederate doctor, recalled how he had conspired with a group of surgeons to expose as a "shirker" a soldier complaining of a stiff knee for over a year. Daniel and others had been reluctant to believe the man was lying, because he was educated and from a good family and so "should have been too proud to shirk duty." Daniel, *Recollections of a Rebel Surgeon*, 120–22.

27. Board of Pension Examiners, 1891–1967, Vol. 19–25, Record Group 3, Microfilm Reel #15, Vol. 22, Confederate Soldiers by Organization, "N. Webb," p. 116, TSLA. For incidents of self-injury by soldiers see Lande, *Madness, Malingering, and Malfeasance*, 145–46; Hess, *The Union Soldier in Battle*, 87; Linderman, *Embattled Courage*, 23; Walsh, "'Cowardice Weakness or Infirmity,'" 521–22.

28. *Richmond Daily Dispatch*, November 11, 1861.

29. Ibid., October 21 and October 22, 1861.

30. *New Orleans Daily Picayune*, September 1, 1861, p. 4, reprinted in the *Philadelphia Inquirer*, September 10, 1861, p. 4

31. [Also, Riddings]. *Richmond Daily Dispatch*, April 28, 1864; Sammons, comp., *Marriage and Death Notices from Wilmington, North Carolina Newspapers*, 191 (April 1864). Other instances of Confederate soldiers killing themselves before seeing combat include the case of a prominent lawyer from Mobile, Alabama, who enlisted in one of the volunteer companies formed in that city in the early part of summer 1861. While on his way to the front he slit his throat. *New Orleans Daily Picayune*, June 7, 1861, p. 1, reprinted in *Richmond Daily Dispatch*, June 7, 1861; *Louisville Daily Journal*, June 10, 1861; *New York Herald*, June 12, 1861, p. 4. A University of North Carolina student purportedly overdosed on laudanum rather than report to his regiment. Lindemann, "True and Candid Compositions."

32. *Trenton (N.J.) Daily State Gazette and Republican*, July 24, 1861, p. 2. For the story of a Kentucky son who joined the Confederate army against his family's and father's wishes, see Murrell, "Union Father, Rebel Son."

33. *Richmond Daily Dispatch*, February 11, 1862. For an interesting case of alleged suicide by U.S. Brigadier General Elon J. Farnsworth, see LaFantasie, *Gettysburg Requiem*, 113–16.

34. [Also, Earles]. *Richmond Daily Dispatch*, August 8, 1861; *New Orleans Daily Picayune*, August 13, 1861, p. 2; *Atlanta Daily Constitutionalist*, August 11, 1861; *Memphis Daily Appeal*, August 14, 1861. The *Richmond Daily Dispatch* offered a retraction of sorts on November 30, prompted by family members who had objected to the remark about hereditary insanity that was reprinted in the *Charleston Mercury*, December 13, 1861. Two days after Earle's death another Southern soldier (rank unknown), Samuel W. Meacham, died after "leaping" from the eighth story of a different Richmond hotel. Although the coroner ruled the death accidental, one is left wondering if Earle's suicide two days earlier had planted the seed. *Richmond Daily Dispatch*, August 10, 1861. Meacham served as a private in the 5th Battalion Virginia Infantry, CWSSS. On "contagious suicide," consult Silkenat, *Moments of Despair*, 59–61.

35. Gabriel, *No More Heroes*, 87–88. Gabriel identifies "psychiatric symptoms" among World War II recruits in anticipation of battle, but makes no mention of suicide.

36. Hess, *The Union Soldier in Battle*, 194.

37. Wyatt-Brown, *Southern Honor*, 35.

38. Hess, *The Union Soldier in Battle*, 95–97; McPherson, *For Cause and Comrades*, 52, 77–80; Gabriel, *No More Heroes*, 103; Walsh, "'Cowardice Weakness or Infirmity,'" 494–95. Hess and McPherson rightly argue that most Civil War soldiers, though challenged and tested by battle, managed to work through their fears and soldier on. My work does not challenge this position; rather, I focus on the minority who were incapacitated psychologically. A recent study prompted by high rates of suicide among contemporary soldiers offers a gendered explanation for suicide in the military that may have relevance for Civil War soldiers. Highly controlled and rigid military cohesion requires almost total subordination of the individual to the group, resulting in depersonalization and devaluation of the individual soldier. Military social organization also demands emotional control from its soldiers in a culture in which traumatized soldiers are stigmatized and feminized, forcing a sort of

"emotional shutdown" and cultivating a "masculine self-reliance" among its members. Braswell and Kushner, "Suicide, Social Integration, and Masculinity in the U.S. Military," 532–34.

39. Southern white boys were socialized at young ages to equate virility with honor, fear with cowardice. Wyatt-Brown, *Southern Honor*, 149–74.

40. Moran, *The Anatomy of Courage*, 3–4.

41. Wyatt-Brown, *Southern Honor*, 35; Greenberg, *Honor and Slavery*; Ayers, *Vengeance and Justice*, 9–33.

42. Wiley, *The Life of Johnny Reb*, 89; Frank and Reaves, *"Seeing the Elephant,"* 136; Walsh, "'Cowardice Weakness or Infirmity,'" 504, 514–16, 519–20, 524–25. Malingering was defined as feigning illness in order to avoid duty. See Anderson and Anderson, "Nostalgia and Malingering in the Military during the Civil War," 161. See as well McMahon, "Nervous Disease and Malingering," 17–18, and Lande, *Madness, Malingering, and Malfeasance*, 131–57.

43. Durkin, ed., *John Dooley, Confederate Soldier*, 83 (March 9, 1863). Dooley used the word "executioner" to describe the man who carried out the whipping, a different connotation than we have today for what an "executioner" does.

44. Washington N. Easterby, certificate of physicians and magistrate, Charleston District, April 3, 1863, SCSH, Commitment Files, 1840–1950 (misc.) (hereafter Commitment Files), SCDAH (Commitment files are arranged by patient number (except in the 1860s when patient numbers were recorded irregularly), which is roughly chronological by date of commitment, and include papers sent by committing court officials including affidavits establishing mental unfitness after medical examination, order of commitment, physician's report, and medical history); Microfilm Reel AD #674, Physicians' Record, 1860–1874 (hereafter Physicians' Record), Patient #1335, April 5, 1863, SCDAH. (The physician's record contains information recorded by physicians as patients entered the South Carolina Lunatic Asylum including date of admission; patient's name, age, marital status, education, occupation, religion, and number and ages of children; comments about the patient's condition as represented by the patient and/or family members; and observations by physicians on the patient's condition. By about 1860, the asylum had created a standardized intake form that listed a number of questions about the patient's history and medical background, including suicidal behavior. Forms evolved and grew longer in time and asked additional questions of the patients and their families. See figure 10.) The organization and classification of the asylum records in South Carolina, as well as their labels, is muddled by missing records, overlap, changing names of the asylum, and changing procedures in original record keeping. At times, asylum officials changed how and what information they recorded, so information kept in one record type might abruptly shift to a different volume. In particular, the physician's record, case histories, and patient treatment records should be consulted together, as there is considerable overlap in dates, with patients' names not always appearing in all three volumes. As the name of the asylum changed over time, so, too, has the South Carolina Department of Archives and History's labeling system. While the various collections cited here all fall under the South Carolina Department of Mental Health collection, the titles of individual records, when attached to the institution itself, vary: South Carolina Lunatic Asylum, South Carolina State Hospital, and South Carolina State Hospi-

tal for the Insane are all one in the same. Yet, individual records, though under the same collection umbrella, are often labeled with different institutional names. To minimize confusion, I follow the titles of the sources provided in the current online catalog at the South Carolina Department of Archives and History under the search term "lunatic asylum." SCArchCat, http://rediscov.sc.gov/scar/ (accessed October 26, 2017). Series and volume titles, as well as their assigned series numbers, can be found listed in the bibliography under manuscript collections for the South Carolina Department of Archives and History.

Reports of ill or injured soldiers eager to get back to the front are also found in McPherson, *For Cause and Comrades*, 79; Linderman, *Embattled Courage*, 23, 27–28; Hess, *The Union Soldier in Battle*, 97.

45. Letter to "Dear Wife," February 12, 1863, Camp Mills, Arkansas, in Brown, ed., *Journey to Pleasant Hill*, 139.

46. Linderman, *Embattled Courage*, 17–33 (quotations on 17, 23; italics added for emphasis); McPherson, *For Cause and Comrades*, 36. Soldiers who demonstrated courage in battle might be willing to acknowledge their fears more openly. McPherson, *For Cause and Comrades*, 36–37. Linderman posits that as the war progressed, soldiers grew more tolerant of behaviors that earlier in the war would have been denounced as cowardly. Linderman, *Embattled Courage*, 166–67. Chris Walsh takes a more nuanced position suggesting that sometimes fear was equated with cowardice, but that at other times and under different circumstances, fear was acceptable, even forgivable. Walsh, "'Cowardice Weakness or Infirmity,'" 507–10.

47. *Richmond Daily Dispatch*, March 7, 1865.

48. Salmon, "War Neuroses and Their Lesson," 994. At the onset of World War II, military officials understood the need to identify those recruits least likely to hold up under fire and so instituted fifteen-minute psychiatric interviews during the screening process, which theoretically would have weeded out soldiers predisposed to mental illness. In practice, this objective proved more difficult. Shepherd, *A War of Nerves*, 187–200; Ginzberg, Anderson, Ginsburg, and Herma, *The Lost Divisions*, 32–40, 70, 167–93. The Civil War, through bounties and conscription, actually promoted the induction of the mentally ill. Glass and Jones, "Psychiatry in the U.S. Army," chapter 2, p. 4. Two years into the Civil War, the U.S. Army instituted the world's first psychiatric screening of recruits, though it was fairly ineffective. Gabriel, *No More Heroes*, 107–08. Gabriel argued vociferously that *all* men eventually succumb to battle stress, not merely the weak, the predisposed, and the mentally ill. As evidence, he asserted that although military officials in World War II tried to identify those recruits likely to fail as soldiers, a high percentage of those who passed nonetheless suffered from psychiatric casualties. Gabriel, *No More Heroes*, 72–73, 88, 95.

49. Dean, *Shook over Hell*, 118; Gabriel, *No More Heroes*, 107–8.

50. On the nineteenth-century understanding of "nervous" disorders, see McMahon, "Nervous Disease and Malingering."

51. Surgeon General, U.S. Army, *Report (Nov. 10, 1862) for Fiscal Year Ending June 30, 1862*, and DeWitt C. Peters, *American Medical Times*, Vol. 6 (February 14, 1863), both quoted in Deutsch, "Military Psychiatry," 373–74. Deutsch misidentifies Peters as "Asst. Surgeon General." The position Peters held at the time Peters wrote

the article, from which this quotation appears, was assistant surgeon and surgeon in charge at the Jarvis Hospital in Baltimore.

52. Glatthaar, *General Lee's Army*, 18; Wiley, *The Life of Billy Yank*, 303; Linderman, *Embattled Courage*, 26.

53. Glatthaar, *Soldiering in the Army of Northern Virginia*, 4.

54. "Historical Records Shed Light on Soldiers' Lifelong War Scars"; Pizarro, Silver, and Prause, "Physical and Mental Health Costs of Traumatic War Experiences among Civil War Veterans," 198.

55. Anderson and Anderson, "Nostalgia and Malingering in the Military during the Civil War," 157. See also Calhoun, "Nostalgia, as a Disease of Field Service"; Dean, *Shook over Hell*, 128–30; Andersen, "'Haunted Minds,'" 150; Anderson, "Dying of Nostalgia"; Gabriel, *No More Heroes*, 81, 107, 108; Adams, *Living Hell*, 25–27; Rosen, "Nostalgia: A 'Forgotten' Psychological Disorder"; Meier, *Nature's Civil War*, 61–62; McCann, "Nostalgia: A Review of the Literature"; Hyams, Wignall, and Roswell, "War Syndromes and Their Evaluation," 399; Glass and Jones, "Psychiatry in the U.S. Army," chapter 2, pp. 9–19. A Philadelphia doctor who served in the Union army wrote after the war about a condition he called "irritable heart," probably a form of somatic anxiety. Patients complained variously of dizziness, heart palpitations, chest pains, sweating, pain, rapid pulse, and shortness of breath. The doctor, Jacob M. DaCosta, believed the soldiers were suffering the effects of enlarged hearts. DaCosta, "On Irritable Heart"; Glass and Jones, "Psychiatry in the U.S. Army," chapter 2, pp. 19–23; Shorter, *How Everyone Became Depressed*, 64; Devine, *Learning from the Wounded*, 158–64.

56. Peters, "Remarks on the Evils of Youthful Enlistments, 75.

57. Anderson, "Dying of Nostalgia," 249–50, 253; Clarke, "So Lonesome I Could Die," 253–55.

58. Conversely, Bell Irvin Wiley and Earl J. Hess argued that the youthfulness of the federal army contributed to its resiliency. Hess, *The Union Soldier in Battle*, 144–45; Wiley, *The Life of Billy Yank*, 303. Janet Padiak, in her study of nineteenth-century British soldiers, found that older soldiers, especially those who enlisted for a second term, were likelier to kill themselves. She acknowledges that this finding differs from modern studies of military suicides in which the youngest soldiers are the most vulnerable to suicide. Padiak, "Death by Suicide in the British Army," 127, 129–30. See also Matt, *Homesickness*, 92–99.

59. Pizarro, Silver, and Prause, "Physical and Mental Health Costs of Traumatic War Experiences among Civil War Veterans," 198; Andersen, "'Haunted Minds,'" 145–52. Technological advances in weaponry worsened battlefield carnage. For a detailed description of the effects of the rifle and artillery on their intended targets, see Adams, *Living Hell*, 68–83.

60. Watkins, *"Co. Aytch,"* 163, 186–87.

61. Chambers, "My Journal: The Story of a Soldier's Life Told by Himself," 264 (April 1863), 327 (June 27, 1864). On the impact of battle trauma and death on Civil War soldiers, see Wiley, *The Life of Johnny Reb*, 32–34; Mitchell, *Civil War Soldiers*, 76–77; Royster, *The Destructive War*, 274–75; McPherson, *For Cause and Comrades*, 163–70; Hess, *The Union Soldier in Battle*, 118. Joseph Allan Frank and George A. Reaves argue that, despite exposure to the horrors of war, most soldiers on both sides,

at least those who participated in the Battle of Shiloh, nonetheless carried on and that the experience was less transformative than one might expect. Frank and Reaves, *"Seeing the Elephant,"* 180–81. Hess examines the coping mechanisms developed by soldiers to survive the travails of war. Hess, *The Union Soldier in Battle*, 127–42.

62. Daniel, *Recollections of a Rebel Surgeon*, 67.

63. Harwell, ed., *The Journal of Kate Cumming*, 14 (April 11, 1862).

64. Dean, *Shook over Hell*, 78–80. Algernon Sidney Porter, father of William Sidney Porter, better known as the short-story author O. Henry, was a Confederate surgeon during the war and became an alcoholic and a drug abuser after the war. Wyatt-Brown, *Hearts of Darkness*, 134. At age thirty-eight, Dr. Lewis D. Faver was admitted to the Georgia state insane asylum, deemed insane from excessive drinking. Records note that he was a non-drinker until the war. GAR, March 26, 1873, p. 397, GA. (The Georgia Asylum Records [GAR] are much less complicated than South Carolina sources because there are far fewer of them. In essence, Georgia asylum records consist of one record type, a series of short medical histories that were entered into admission registers upon intake. The type of information included in these entries varies over time but typically includes the following information: admission date; patient's name, age, race [especially after 1865], marital status, occupation, number of children, and residence; contact person or next of kin; family or medical history, noting physical condition or ailments and symptoms [including suicidal behavior or ideation]; and final disposition of the patient [e.g., death, cured, or ran away]. In an attempt to streamline and simplify reference notes, I have shortened the citation to simply GAR [the case histories recorded upon intake], date of admission, and page number. Through the 1860s, patients' paying status is also included [paying or pauper]. Georgia Archives no longer uses drawer and microfilm numbers. Researchers are directed to obtain these on site. Soldiers sometimes self-medicated with opium, alcohol, or laudanum. Adams, *Living Hell*, 53; Frueh and Smith, "Suicide, Alcoholism, and Psychiatric Illness among Union Forces"; Foote, *The Gentlemen and the Roughs*, 29–31. On conditions faced by Northern doctors during the war, see Hess, *The Union Soldier in Battle*, 35–37.

65. Daniel, *Recollections of a Rebel Surgeon*, 77–78.

66. *Richmond Daily Dispatch*, October 1, 1864; Virginia Military Dead Database.

67. *Nashville Daily Union*, November 1, 1862, in Garrett, comp., *Obituaries from Tennessee Newspapers*, 3; *Mobile Register*, October 26, 1862. See also the postwar mental illness of a Union physician, William Chester Minor, in Carey, "The Doctor: A Civil War Casualty."

68. *Richmond Daily Dispatch*, January 2, 1862; "Lucius Cissro Fambro," Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=58777900 (accessed March 15, 2012).

69. Brinsfield, Davis, Maryniak, and Robertson, *Faith in the Fight*, 213. Brinsfield et al. list Barnwell as an Episcopal minister associated with a hospital in "Warren Springs," most likely Warm Springs, a location near Staunton. He also served on the executive committee of a hospital aid society. *Report of the South Carolina Hospital Aid Association in Virginia 5, 6, 8, 21, 25, 27, 33.*; Hilde, *Worth a Dozen Men*, 35, 36, 64, 221n27. Emma Holmes reported on a lecture Barnwell delivered in December 1861 in Charleston to recruit women for hospital work. Marszalek, ed., *The Diary of Miss*

Emma Holmes, 101; see also 82, 200, 229. A letter regarding Barnwell's suicide is found in Mary Johnstone to Emmie Elliot, Beaumont [Flat Rock, North Carolina], June 28 [1863], Elliott and Gonzales Family Papers, SHC, UNC (I thank David Silkenat for sharing this letter excerpt with me); *Richmond Daily Dispatch*, June 26, 1863; Woodward, ed., *Mary Chesnut's Civil War*, 92, 99–100, 354, 452–53; Document #593, typewritten "Biography of Robert Woodward Barnwell," n.d., and Document #385, partial note possibly from Robert Woodward Barnwell, ca. 1862, both in Lowcountry Digital Library, http://lowcountrydigital.library.cofc.edu/cdm4/document.php?CISOROOT=/BFP&CISOPTR=2368&REC=17 and http://lowcountrydigital.library.cofc.edu/cdm4/document.php?CISOROOT=/BFP&CISOPTR=1580&REC=2 (accessed March 19, 2012). Most contemporary and recent sources claim Barnwell died of typhoid/typhoid fever/typhus. (For example, see an obituary and his headstone at "Rev. Robert Woodward Barnwell," Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=77255257 [accessed July 7, 2014]). Barnwell's obituary in the *Edgefield Advertiser* (July 1, 1863) does not include the cause of death but erroneously states that he died at his "post" in Richmond, not at the Western State Asylum in Staunton. I base my claim that Barnwell died by his own hand on the letter cited above and on three additional pieces of information. The first is a quote attributed to his wife, who opposed her husband's admission to the asylum: "It is only fever. He is too weak to be dangerous." Presumably, here she means "dangerous" to himself. Woodward, ed., *Mary Chesnut's Civil War*, 453 (September 1863). Second, Emma Holmes reported Barnwell had been in a "highly excited state, almost crazy," which she attributed to typhoid fever and "the many distressing deaths" he had witnessed. Upon learning of his death, Holmes remarked that he had attempted to kill himself with laudanum. "Oh insanity is an awful curse," she bemoaned, an allusion to Barnwell's compromised mental state. Marszalek, ed., *The Diary of Miss Emma Holmes*, 267, 271–72. Third are the asylum records. Barnwell's patient record indicates typhoid fever as cause of death. Indeed, Barnwell was suffering from bloody stool, delusions, fever, and a rapid pulse, all believed to be symptoms of typhoid fever. Humphreys, *Marrow of Tragedy*, 99; Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 309–11. However, before his admission, he experienced an episode of self-injury, when he bit off a piece of glass, ground it with his teeth, and swallowed. It is not at all clear that Barnwell was attempting to kill himself when he did this, but it does establish a history of self-harm consistent with subsequent suicidal activity. Asylum records showing typhoid as cause of death might well be accurate, as it may have precipitated his suicide. Records of Western State Hospital, 1825–2000, Accession 41404, Case Book (Males), 1858–1869, Vol. 276, BC 1183139, Record of Robert Barnwell, 568, 571–73, and Accession 41253, Admission Register, Patient #1813, Vol. 247, State Government Records Collection, LVA. The etiology of mental illness can be complex, and Barnwell's family history (his father died in an asylum), his illness, as well as the stressor of war may have all contributed to his psychological downward spiral.

70. *Richmond Daily Dispatch*, October 6, 1863.

71. *Soldiers' Journal*, July 13, 1864, p. 5.

72. McPherson, *For Cause and Comrades*, 134. John Luck, a U.S. soldier from Milwaukee, suffered a similar fate. His wife was distraught over his enlistment and depar-

ture, which was compounded when her son drowned. Luck received a furlough and returned to find his mentally ill wife committed to the almshouse. He reported back to headquarters, but very soon afterward committed suicide with a pistol. *Nashville Dispatch*, September 13, 1862.

73. Silkenat's study of suicide in nineteenth-century North Carolina examines attitudes toward suicide and, as in my work, documents a softening of harsh attitudes, which he, too, roots in the experience of the Civil War. Silkenat, *Moments of Despair*, 25–28.

74. *Richmond Daily Dispatch*, May 24, 1861; June 15, 1861, p. 5; *Baltimore Sun*, June 3, 1861, p. 4. On the notion that officers felt more pressure to perform under fire than enlisted men, consult McPherson, *For Cause and Comrades*, 58, 60, and Linderman, *Embattled Courage*, 21, 22, 45, 50. The unwillingness of comrades to label Fisher's collapse as cowardly makes Chris Walsh's point that acknowledgment of fear by soldiers was not universally denounced. Walsh, "'Cowardice Weakness or Infirmity.'"

75. *New Orleans Daily Picayune*, January 3, 1862, p. 1, quoting the *Richmond Enquirer*, December 28, 1861. Northern newspapers buzzed with rumors in late December 1861 about a "gentleman" holding a commission in the Confederate army who had committed suicide, whom they subsequently identified as Cocke. *New York Herald*, December 30, 1861, p. 5; *Harrisburg Weekly Patriot and Union*, January 2, 1862, p. 8. On January 9, 1862, the *Louisville Daily Journal* printed a piece cautioning readers not to confuse Philip St. George Cocke with the Philip St. George Cooke who was a U.S. cavalry officer and also from Virginia. Edmund Ruffin's suicide remains the most well known of the Confederacy. However, he was not a member of the military, and his suicide took place a few months after the war. On Ruffin's suicide, see chapter 8.

76. Before Cocke's death, his Powhatan County estate was appraised at over $1.4 million. Allmendinger, *Ruffin*, 216n86. Fire-eater Edmund Ruffin and Cocke both had been members of the Virginia State Agricultural Society. Ruffin fretted about Cocke's appointment as general, worrying about his lack of experience: "I fear that he is one of the sundry incompetents who have been put in high offices by the governor." Scarborough, ed., *The Diary of Edmund Ruffin*, Vol. 2, 13 (April 28, 1861). On Cocke, see also Glatthaar, *General Lee's Army*, 47–48; Davis, "Philip St. George Cocke"; Koons, "Philip St. George Cocke"; Philip St. George Cocke, suicide, December 26, 1861, Virginia Military Dead Database."

77. *New Orleans Daily Picayune*, January 3, 1862, p. 1; *Charleston Mercury*, December 31, 1862.

78. *New Orleans Daily Picayune*, January 3, 1862, p. 1, quoting the *Richmond Enquirer*, December 28, 1861.

79. *Richmond Daily Dispatch*, December 14, 1861.

80. *New Orleans Daily Picayune*, January 3, 1862, quoting the *Richmond Enquirer*, December 28, 1861

81. *Knoxville Register*, June 4, 1861, reprinted in the *New Orleans Daily Picayune*, June 7, 1861, p. 1; *Richmond Daily Dispatch*, June 7, 1861.

82. *Richmond Daily Dispatch*, October 21, 1861; October 22, 1861.

83. *Baltimore Sun*, June 3, 1861; *Wisconsin Patriot*, June 15, 1861; *Richmond Daily Dispatch*, May 24, 1861. Bruce had volunteered for service, even though he had been admitted previously to the state asylum at least twice (and twice more after his

wartime admission). It is hardly surprising, then, that Bruce, after only two days in camp, collapsed into a "state approaching lunacy." Affidavit of April 10, 1862, signed by two physicians at Camp Price, South Carolina, SCSH Commitment Files; Microfilm Reel AD #677, SCSH Admissions Books, August 16, 1851, October 9, 1860, September 19, 1864, December 21, 1866, May 1, 1872; and, Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), December 1866, p. 165, SCDAH. Bruce was not the only psychiatric casualty who entered military service with a preexisting condition of mental instability. Those suffering from severe forms of mental illness, especially those unable to care for themselves, would likely have been excused by authorities from service. Less clear, however, is how military officials would have regarded the service obligations of a man suffering with moderate or intermittent psychological issues, such as Bruce. Asylum records show that during the war a number of men were readmitted after having been previously institutionalized. Another case is that of Jeptha Hammock, a forty-six-year-old farmer from Spalding County, Georgia. Hammock had entered the state asylum for a short period in 1849 but had remained relatively healthy until the outbreak of war, when he began showing signs of instability, possibly brought on by the stress and anxiety about the approach of war. By July 1863, however, Hammock seemed well enough for military duty. After a short stint, he received a furlough to sow his wheat crop, but when he returned home he contracted diphtheria. Hammock recuperated and returned to his company, but in just three weeks he had become a "raving maniac . . . constantly excited, destructive and disposed to fight anyone about him," resulting in his military discharge and admission to the state asylum. He also must have faced considerable pressure as provider for his very large family; in 1860, he had eleven children. Asylum records do not mention the death of his eldest son, Benjamin, who, at the very young age of sixteen, volunteered for service in the Confederate infantry. He was killed in battle in Virginia in 1862. In totality, these factors—his predisposition to mental illness, physical ailments, PTSD, and mourning for his son—may have left him debilitated for life. He appears in asylum records as Hammeck, but as Hammock/Hammond in census records. There is no release or death indicated in asylum records. U.S. Census, 1860, Spalding County, Georgia, "J. J. Hammock." Jeptha does not appear in the 1870 census; his wife, Barbary, is listed as head of household with a large number of her children. The presumption is that Jeptha died. U.S. Census, 1870, Spalding County, Georgia, "Barbary Hammock"; GAR, December 19, 1863, p. 109, GA.

84. Letter from H. A. Carrington to Charlotte Elizabeth (Cullen) Carrington, December 29, 1861, Carrington Family Papers, Mss 1C2358c, VMHC. My appreciation to Jonathan W. White for sharing this source with me.

85. *Richmond Daily Dispatch*, January 18, 1862.

86. *Corinth (Miss.) War Eagle*, August 7, 1862, in Wiltshire, comp., *Mississippi Newspaper Obituaries, 1862–1875*, 4.

87. [also, Meachem, Meachim] *Richmond Daily Dispatch*, August 10, 1861. See also Virginia Military Dead Database, Samuel M. Meacham, died August 9, 1861 (the *Daily Dispatch* uses the middle initial "W" while the Virginia Military Dead database identifies him as Samuel M. Meachem, though they are clearly the same individual). The published story characterized Meacham's action as "leaping" from the eighth floor to his death, suggesting, it would seem, that the newspaper relied on a witness who had

seen the episode and deduced it was a willful act. Attending physicians, coroners, and the juries they assembled sometimes faced pressure to conceal suicides and occasionally shaped their legal conclusions accordingly. Kushner, *American Suicide*, 32–33, 104; Anderson, *Suicide in Victorian and Edwardian England*, 221–22; Bailey, *"This Rash Act,"* 43–45. The death of Samuel B. Pate, a private in "Captain Guion's" artillery company, was attributed to the accidental discharge of his rifle but may have been suicide. *Raleigh Weekly Standard*, October 9, 1861, p. 1; *Richmond Daily Dispatch*, October 5, 1861.

88. *Wilmington Daily Journal*, August 19, 1863; *Wilmington Weekly Journal*, August 20, 1863, excerpted in Sammons, comp., *Marriage and Death Notices from Wilmington, North Carolina Newspapers*, 215; 1860 Census, Halifax County, North Carolina, "A. J. Stamper." Service records of Alpheus J. Stamper, 3rd North Carolina Cavalry, Company G, found at Fold3.com.

89. *Richmond Daily Dispatch*, June 23, 1862.

90. Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874) (hereafter SCLA Patient Treatment Records), December 1862, Patient #1371, p. 175; Microfilm Reel AD #674, SCLA Physicians' Record, December 21, 1863; and, Microfilm Reel AD #677, SCSH Admissions Books, December 21, 1863, SCDAH; CWSSS. Jeffrey W. McClurken's study, unlike my own, finds that officials at Virginia's Western Lunatic Asylum did link veterans' symptoms to experiences during the war. Asylum records in South Carolina and Georgia, however, made those connections only infrequently. Or perhaps over time, asylum workers began to make the connection, as McClurken examines soldiers after the war. McClurken, *Take Care of the Living*, 120–33. Evidence suggests U.S. military physicians had begun to understand the psychological effect of the war on civilians and soldiers alike. Dr. William H. Stokes, superintendent of Mount Hope Institution, an insane asylum in Baltimore, reported on how the war affected some of his admitted patients. He described the psychotic, paranoid behavior of one patient who, believing himself a spy, was apprehensive of being arrested and imprisoned and unable to sleep or rest. Another patient believed others suspected him of disloyalty and imagined that everyone he came into contact with suspected as much. Another patient was driven mad by the events of April 19, 1861, imagining that he had taken part in the war's inaugural assault. In a frantic attempt to avoid his (imagined) arrest, imprisonment, and execution, he cut his throat in a suicide attempt. A fourth patient suffered from aural delusions: his sleep was interrupted by the imagined roar of artillery, the tramping of thousands of horses in the rush of cavalry, the moaning of the wounded and dying, and the shrieks of captive women. Stokes, "The Influence of the Civil War on Insanity." At minimum, some physicians during and after the Civil War began to see a causal link between the physical rigors of war and mental health. One former Confederate surgeon recalled that healthy soldiers remained cheerful, but once they became ill "mental depression and nostalgia, added much to the gravity of their disease." Buist, "Some Items of My Medical and Surgical Experience in the Confederate Army," 577. Jacob M. DaCosta's well-known study on "irritable heart" identified a number of symptoms—dizziness, loss of breath, chest pain, palpitations, and fatigue—often associated with panic attacks. DaCosta, "On Irritable Heart." Medical practitioners most often connected psychiatric symptoms with the nostalgia diagnosis. Surgeon DeWitt C. Peters identified

numerous psychological symptoms he associated with those afflicted by "nostalgia" including "a species of melancholy, or mild type of insanity"; an "aberration of the mind" that was characterized by "great mental dejection" and loss of appetite; "hysterical weeping"; "anxious expression"; "watchfulness"; and "continued sadness." Peters, "Remarks on The Evils of Youthful Enlistments and Nostalgia," 75. J. Theodore Calhoun, also a surgeon in the U.S. Army, observed in nostalgic patients "impairment of functions, consequent on the mental disorder" and a "state of mental depression." Calhoun, "Nostalgia, as a Disease of Field Service," 131. Jennifer Travis makes the point that physicians tread lightly when describing or naming mental illness among soldiers so not to offend their masculinized sensibilities. Travis, *Wounded Hearts*, 31–32.

91. GAR, April 5, 1862, pp. 54–55, GA. Among respectable white men of the period, masturbation was viewed as a moral vice. Medical experts believed it could lead to insanity. Ironically, by the end of the century and with the influence of Sigmund Freud, sexual repression, not overindulgence, was heralded as the source of much psychological dysfunction. On the connection between masturbation and insanity, see Jarvis, "Causes of Insanity," 297; Fox, *So Far Disordered in Mind*, 142, 146, 154, 155; Rothman, *The Discovery of the Asylum*, 111; Grob, *The Mad among Us*, 60; Dain, *Concepts of Insanity*, 8, 91–92, 158, 160, 181; Reiss, *Theaters of Madness*, 56, 119, 186–87. On Freud's influence on psychiatry, see Shorter, *A History of Psychiatry*, 145–89, and Porter, *Madness*, 188–205. For rare discussions of masturbation by learned white men, see Williams, *Intellectual Manhood*, 144, 146, 159.

92. GAR, May [?], 1862, p. 57, GA.

93. Occasionally, asylum officials would connect a soldier's mental illness to wartime experience, but usually when a related physical trauma was indicated, such as a head injury caused when a soldier stood too close to a firing cannon or "exposure" while encamped or engaged.

94. Linderman, *Embattled Courage*, 218–20, 226; McPherson, *For Cause and Comrades*, 140–41; Dean, *Shook over Hell*, 92–94; Hess, *The Union Soldier in Battle*, 156.

95. On Union soldiers admitted to insane asylums, consult Dean, *Shook over Hell*, 121, and Deutsch, "Military Psychiatry," 378–82. U.S. military authorities fielded complaints about improper discharge of insane soldiers, many of whom simply were turned loose and left on their own, prompting changes in the way mentally ill soldiers were processed. All insane soldiers were to be sent to the Government Hospital for the Insane in Washington, D.C.; its superintendent consequently noted an increase in the number of military patients in the facility. During the fiscal year 1864–1865, for example, 83 percent of the inmates were military patients. Deutsch, "Military Psychiatry," 383. On the development of insane asylums in the nineteenth century, consult Hamilton, "The History of American Mental Hospitals"; Dain, *Disordered Minds*; Kushner, *American Suicide*, 35–42; Grob, *Mental Institutions in America*; Grob, *From Asylum to Community*; Rothman, *The Discovery of the Asylum*; Tomes, *The Art of Asylum-Keeping*; Shepherd and Wright, "Madness, Suicide and the Victorian Asylum."

96. GAR, June 6, 1862, p. 58, GA.

97. Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), September 1862, p. 183, SCDAH; U.S. Census, 1860, Darlington County, South Carolina, "John G. Gatlin." Gatlin (Gatlan) served in Company K of the 21st South Carolina Infantry. CWSSS.

98. Microfilm Reel AD #677, SCSH, Admissions Books, September 17, 1862; Affidavit of indigency and letter from M. Frazier Cheme (sp.?), April 21, 1864, to Dr. Parker, superintendent of asylum, SCSH Commitment Files; Microfilm Reel AD #674 SCLA, Physicians' Record (186-1874), February 22, 1864; and, Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), February 1863, p. 174, SCDAH.

99. "Mental illness" was not language used in the nineteenth century. Instead, medical practitioners used the all-encompassing term "insane" to signify aberrant mental behavior that typically fell into one of several broad categories: melancholia (depression), dementia, or mania, though many subcategories existed, such as monomania, hysteria, and neurasthenia. Laypersons often employed language such as "madness" or "lunacy." Idiocy was also a condition that sometimes resulted in institutionalization, but it was seen as distinct from insanity in that it denoted more of an intellectual (not psychiatric) disability or deficiency. Lunacy was considered treatable; idiocy was deemed permanent. See Wickham, "Idiocy in Virginia, 1616–1860." Nineteenth-century asylum records denote a patient as either "insane" or a "lunatic." On nineteenth-century psychiatry, consult Dain, *Disordered Minds*; Shryock, "The Beginnings," 1–28; McGovern, *Masters of Madness*, 1–148.

100. GAR, [date indecipherable], 1863, p. 98, GA. Military records reveal two records for Noah Tucker: one served in the 38th Georgia Infantry, Company B, and the other in Captain Maxwell's Regular Light Battalion, Georgia Artillery. CWSSS.

101. [Also, Mannings]. Correspondence from J. P. Phazat [?], M.D., chairman of Trustees of the Roper Fund, March 11, 1862, SCSH Commitment Files; and, Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), p. 183, September 1862, SCDAH.

102. Joseph Elter (sp.?), correspondence from Dr. W. H. Huger, Soldier's Relief Hospital, Charleston, December 22, 1864, to Surgeon N. L. Crowell, SCSH Commitment Files; and, Microfilm Reel AD #677, SCSH Admissions Books, January 5, 1865, SCDAH.

103. GAR, April 11, 1865, p. 127, GA; 1860 Census, Zebulon, Pike County, Georgia, "John H. Mangham"; Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 2, 253. One behavior stands out as especially peculiar: for a month, Mangham stood on his feet at least eighteen out of every twenty-four hours.

104. Dean, *Shook over Hell*, 118–121.

105. Thomas Pinckney to W. H. Smith, February 12, 1863, and from Drs. Ravelan and Thomson to Colonel John Preston, January 2, 1863, SCSH Commitment Files,; Microfilm Reel AD #671, Minutes of the Board of Regents, January 5, 1863, p. 307, and January 31, 1863, p. 309; and, Microfilm Reel AD #677, SCSH, Admissions Books, January 3, 1863 SCDAH. Garey was admitted, cured, and released.

106. *Richmond Daily Dispatch*, February 18, 1864; *Daily Constitutionalist*, February 12, 1864; Hartman and Coles, comps., *Biographical Rosters of Florida's Confederate and Union Soldiers*, Vol. 1, 337. See Confederate Service records for Sergeant Joseph O. Taylor, 3rd Florida Infantry, Company H, Fold3.com. Florida officials petitioned for his discharge in October 1863, which was granted on November 7, 1863.

107. *Richmond Daily Dispatch*, June 11, 1862. On wounded Civil War soldiers who relapsed psychologically, see Marten, *Sing Not War*, 87. On wounded Union soldiers, see Dean, *Shook over Hell*, 122–23. Jefferson G. Baggett, aged twenty, from Stewart

County, Georgia, was injured when in combat north of Atlanta. A shell fragment lodged near his spine. Reinjured after the war, Baggett was under constant care by physicians, who gave up and sent him to an asylum. GAR, April 3, 1867, p. 201, GA.

108. *Richmond Daily Dispatch*, October 8, 1861. On the suicide of a Confederate soldier hospitalized following the Seven Days Battle in June 1862, see Silkenat, *Moments of Despair*, 8. For a case of a suicidal Union soldier, see Beaudot, "A Civil War Madness," which details the military experiences of William Riley, son of Irish immigrants and a private in the 6th Wisconsin Volunteers, who, although he lived to age ninety-five, suffered psychologically from his time in battle, was institutionalized during the war, and attempted suicide at age twenty-one before war's end. Confederate soldier John Dooley, wounded at Gettysburg and held for a time in a Yankee hospital, witnessed a deranged Union soldier trying to jump from a third-story window, just as another had the previous week. Durkin, ed., *John Dooley, Confederate Soldier*, 139 (August 4, 1863). Lieutenant Oliver Wendell Holmes contemplated ending his life with a laudanum overdose after he was shot through his chest. Adams, *Living Hell*, 69.

109. Daniel, *Recollections of a Rebel Surgeon*, 136–37.

110. [McGuire], *Diary of a Southern Refugee during the War*, 316–17.

111. Durkin, ed., *John Dooley, Confederate Soldier*, 112 (July 5, 1863).

112. [McGuire], *Diary of a Southern Refugee during the War*, 216.

113. Anderson, "Shell Shock"; Singer, "Brain Trauma in Iraq." Scientists, physicians, and researchers have also greatly benefited from studies on head injuries sustained by professional football players, whose injuries in some ways are similar to blast victims'. See DeKosky, Ikonomovic, and Gandy, "Traumatic Brain Injury"; Laskas, "Bennet Omalu, Concussions, and the NFL"; McGrath, "Does Football Have a Future?" For a recent look at "shell shock" during World War I, see Stagner, "Healing the Soldier, Restoring the Nation"; Sheehan, Roberts, Thurber, and Roberts, "Shell-Shocked and Confused." I am indebted to James Lothian for sharing some of these citations with me. See also Kaufman, "Treatment of Head Injuries in the American Civil War." Civil War injuries are believed to have contributed to significant advances in the field of neurology. Glass and Jones, "Psychiatry in the U.S. Army," Chapter 2, pp. 25–35.

114. Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), December 1866, p. 164; and, Microfilm Reel AD #677, SCSH Admissions Books, December 12, 1866, SCDAH.

115. Anderson, "Shell Shock." See, for example, the letter from Major James P. Douglas, a Confederate artillery officer, who complained to his wife: "I am not very well today. I had an attack of the apoplexy last evening. I fell down senseless for a minute, but soon recovered and have not felt much pain from the effects of it. I had an attack somewhat similar in 1863, and you may remember my fainting in the spring of 1861." Douglas's regular proximity to artillery fire, and the damage it probably caused to his ears, likely caused or contributed to his condition. James P. Douglas to "wife," January 2, 1865, in Douglas, ed., *Douglas's Texas Battery, CSA*, 152.

116. Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), June 1865, p. 180; and, Microfilm Reel AD #677, SCSH Admissions Books, June 1, 1865, SCDAH.

117. For other instances of Civil War soldiers suffering the short-term and long-term consequences of traumatic brain injury, see Adams, *Living Hell*, 118–19.

118. *Richmond Daily Dispatch*, June 7, 1861; *New Orleans Daily Picayune*, June 7, 1861, p. 1, reprinted in *New York Herald*, June 12, 1861, p. 4; *Louisville Daily Journal*, June 10, 1861; "General Catalogue of Bowdoin College and the Medical School of Maine," 84; Cleaveland and Packard, "The History of Bowdoin College," 589; U.S. School Catalogs, 1765–1935, Bowdoin College (Maine) Catalog, Ancestry.com; Charles Robinson, Alabama 8th Regiment, Company H, Ancestry.com.

119. On young Southern men's formal education, consult Wyatt-Brown, *Southern Honor*, 92–97; Williams, *Intellectual Manhood*, 47–73; Berry, *All That Makes a Man*, 26–27, 36–38; Glover, "'Let Us Manufacture Men,'" 22–48. Classics-based curricula formed the core of formal education in Northern colleges and universities, too. Howe, "Classical Education in America." See also Richard, *The Golden Age of the Classics in America*.

120. On classical views on suicide, see O'Dea, *Suicide*, 30–58; Guernsey, *Suicide*, 10–15. On the "noble death" tradition in early eighteenth-century Russia, see Morrissey, "In the Name of Freedom."

121. Women rarely killed themselves by cutting their throats. Suicides by throat-cutting can be explained partly by access. Most men possessed personal razors or knives or could have purchased them easily. Soldiers had access to firearms, but most were issued rifles or muskets that would have made killing one's self difficult, though not impossible. (After all, Edmund Ruffin killed himself with a rifle he fired with the aid of a forked stick. Allmendinger, *Ruffin*, 153.) Suicide by handgun was easier, but few enlisted men carried them, as pistols and revolvers were not standard issue to soldiers. Officers and cavalrymen, however, did carry side arms. "Weaponry," in Wagner, Gallagher, and Finkelman, eds., *Library of Congress's Civil War Desk Reference*, 498–501. Olive Anderson's study of suicide in nineteenth-century England found the use of razors and knives to commit suicide much more common among men than women. Anderson, *Suicide in Victorian and Edwardian England*, 20. Still, one has to consider the gendered and cultural meaning of cutting one's throat, notably its association with perceived bravery and masculinity, and its influence in shaping decisions about suicide. Victor Bailey documents a case of attempted suicide in nineteenth-century England by a former soldier, who cut his throat and explained to the policeman who found him, "I want to die like an English soldier." Bailey, *"This Rash Act,"* 264. Many thanks to Lorri Glover for her help on this point. Janet Padiak finds in her study of soldiers in Victorian Britain that the method of death in nearly one-third of soldier suicides from 1860 to 1900 was throat-cutting, which she attributes to army regulations governing grooming of facial hair and the availability of razors for this purpose. Padiak, "Death by Suicide in the British Army," 126.

122. Greenberg, *Honor and Slavery*, 87–98.

123. High L. Honnell to sister, December 17, 1861, August 16, 1862, Honnell Papers, Woodruff Library, Emory University, Atlanta, as quoted in McPherson, *For Cause and Comrades*, 23.

124. Faust, *This Republic of Suffering*, 6–31. See also Berry, *All That Makes a Man*, 173–74; Schantz, *Awaiting the Heavenly Country*, 18–37. On literary treatments of "the good death" during the Civil War, see Fahs, *The Imagined Civil War*, 93–119.

125. *New Orleans Daily Picayune*, January 3, 1862, quoting the *Richmond Enquirer*, December 28, 1861, about the death of Philip St. George Cocke.

Chapter 2

1. Emily Liles Harris Journals (1859–1866), Accession 586, Box 2, Folder 4 (1864), November 21, 1864; October 9, 1864; Box 2, Folder 5 (1865–1866), February 20, 1865; February 21, 1865; Box 1, Folder 3 (1862–1863), December 4, 1862; Box 2, Folder 5 (1865–1866), February 20, 1865; Box 2, Folder 4 (1864) August, 27, 1862; Box 2, Folder 5 (1865–1866), February 17, 1865, Louise Pettus Archives, Dacus Library, WU (hereafter Harris Journals). See also Racine, "Emily Lyles Harris," and Racine, ed., *Piedmont Farmer*. Harris was not alone in questioning her sanity under the trying circumstances of war. See Faust, *Mothers of Invention*, 236, for other accounts. On the experience of slaveholding women taking over the new role as overseer and master, see McClurken, *Take Care of the Living*, 30; Faust, *Mothers of Invention*, 51–52, 53–54, 56–57, 62–73; Rable, *Civil Wars*, 114–21; and Bercaw, *Gendered Freedoms*, 51–52. By contrast, Thavolia Glymph sees continuity and argues that slave mistresses had long doled out corporal punishment to their slaves before the Civil War. Glymph, *Out of the House of Bondage*, 18–136.

2. The psychological impact of the American Civil War on civilians largely has escaped the attention of historians, even though focus on the homefront and gender has blossomed. While important studies in the past few decades have focused on the experiences of white women in the South during the Civil War, none has taken up the war's psychological impact on the adult civilian population, most of whom were women. Drew Gilpin Faust devotes several pages to the emotional suffering of Confederate women in her important work *Mothers of Invention*, 234–38, but no monograph addresses the singular topic. See also Rable, *Civil Wars*, 222–23.

3. Hobfoll et al., "War-Related Stress," 849. Stevan E. Hobfoll and colleagues' study focuses on veterans of the Persian Gulf War and their families, but some of the points resonate with civilians experiencing war in other contexts including the American Civil War. Works that survey experiences of Southern women and families during the war include McClurken, *Take Care of the Living*, 28–40; Murrell, "'Of Necessity and Public Benefit'"; Faust, *Mothers of Invention*; Whites, *The Civil War as a Crisis in Gender*; Bynum, *Unruly Women*, 111–50; Glymph, *Out of the House of Bondage*, 97–136.

4. These gendered patterns of suicidal behavior are borne out in most historical and social scientific studies of suicide. Bailey, *"This Rash Act,"* 125–43, 184–85, 200–10, 225–30; Anderson, *Suicide in Edwardian and Victorian England*, 41–73; Kushner, "Suicide, Gender, and the Fear of Modernity"; Kushner, "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought"; Kushner, "Women and Suicide in Historical Perspective"; Canetto and Lester, *Women and Suicidal Behavior*; MacDonald and Murphy, *Sleepless Souls*, 247–48, 262–64, 285–86; Gates, *Victorian Suicide*, 125–50; Watt, "Suicide, Gender, and Religion"; Neuringer and Lettieri, *Suicidal Women*; Canetto and Lester, "Gender, Culture, and Suicidal Behavior"; Canetto, "She Died for Love and He for Glory"; Johnson, "Durkheim Revisited," 145–53. Refer to the introduction for a fuller methodological explanation of my decision to

expand coverage of suicide to include nonlethal acts, suicidal thoughts, and death wishes.

5. Davis, *The Rise and Fall of the Confederate Government*, Vol. 1, v.

6. "Tribute of Gen. M. C. Butler." Dozens of other testimonials to the sacrifice, courage, and heroism of Confederate women are collected in Underwood, ed., *The Women of the Confederacy*. See, for example, "Governor C. T. O'Ferrall's Tribute," 30–32.

7. "Governor C. T. O'Ferrall's Tribute," 32. On the mythmaking of women's wartime contributions, consult Clinton, *Tara Revisited*, 79; Rubin, *A Shattered Nation*, 230–31.

8. Thomas Dabney to his daughter Emmy, August 13, 1878, in Smedes, *Memorials of a Southern Planter*, 264. Scholarship on wartime changes to gender roles and responsibilities including Southern white women taking on new roles during wartime includes Scott, *The Southern Lady*, 80–102; Friedman, *The Enclosed Garden*, 92–106; Rable, *Civil Wars*, 50–62; Whites, *The Civil War as a Crisis in Gender*, 15–40; Faust, *Mothers of Invention*, 30–52; Bynum, *Unruly Women*, 132–33; Cashin, "'Since the War Broke Out.'"

9. On celebratory accounts of Confederate women, see Faust, "'Ours as Well as That of the Men,'" 228–31; Gardner, *Blood and Irony*, 101–2; Wilson, *Baptized in Blood*, 46–48; Foster, *Ghosts of the Confederacy*, 124–25, 136–37.

10. Pember, *A Southern Woman's Story*, 2.

11. Wright, *A Southern Girl in '61*, 165.

12. Ibid., 216.

13. Massey, *Bonnet Brigades*, 201. In "Historians Forum: *Bonnet Brigades* at 50: Reflections on Mary Elizabeth Massey and Gender in Civil War History," a number of historians reflect on the importance of Massey's early work on women and the Civil War.

14. Scott, *The Southern Lady*, 80–102, quotations on 85, 101.

15. Clinton, *Tara Revisited*; Faust, *Mothers of Invention*; Whites, *The Civil War as a Crisis in Gender*; Glymph, *Out of the House of Bondage*; McCurry, *Confederate Reckoning*; Bynum, *Unruly Women*; Cashin, "'Since the War Broke Out'"; Jabour, *Scarlett's Sisters*; Ott, *Confederate Daughters*.

16. Depression was commonly referred to as "melancholia." Laypeople might use the term "melancholy" to describe feelings of sadness, but melancholia was also recognized as a medical disorder. Competing clinical understandings of melancholia, regarded as a form of insanity, circulated throughout the nineteenth-century, but most American caregivers believed it to be an emotional, not an intellectual, disorder, characterized by unhappiness, dejection, irritability, discontent, preoccupation with self, hopelessness, and an inability to experience pleasure. While occasionally the word "depression" or "depressive" appears in Civil War–era sources, it was not until after the Civil War when the term began to replace "melancholia" in popular lexicon. Shorter, *How Everyone Became Depressed*, 79–102; Jackson, *Melancholia and Depression*, 147–87. "Anxiety" is and was a term used to convey feelings of nervousness, uneasiness, or worry usually in anticipation of some event. Symptoms could be both emotional (mental worry and apprehension) and physiological (gastrointestinal ailments, sweating, tachycardia, panic attacks). Historically, anxiety was considered

part of the normal human state, with little clinical attention paid to it. Early clinical classifications treated it as a symptom, not a psychiatric disease in and of itself. Anxiety was most often associated with depression before the twentieth century, when psychiatrists began to recognize it as a stand-alone disorder. Shorter, *How Everyone Became Depressed*, 51–77. Most Confederate women experienced at least mild or moderate symptoms associated with depression and anxiety, although they did not always connect physical symptoms to psychological distress. For example, Kate McClure of South Carolina, whose husband, William, served in the army, battled chronic insomnia. Cashin, "'Since the War Broke Out,'" 207. George C. Rable identified a number of symptoms reported by Confederate women that he attributed to the physical and emotional drain of the homefront including headaches, depression, and nightmares. Rable, *Civil Wars*, 57.

17. Little work has been on women and suicide in U.S. history. Exceptions are Howard I. Kushner's scholarly essays, "Suicide, Gender, and the Fear of Modernity," "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought," and "Women and Suicide in Historical Perspective." For additional works on women and suicide refer to note 4 above.

18. The starting point on women and suicide is Durkheim, *Suicide*, 166. See also O'Dea, *Suicide*, 149–154; Winslow, *The Anatomy of Suicide*, 276. Challenges to Durkheim's views on women and suicide include Johnson, "Durkheim Revisited," and Kushner, "Suicide, Gender, and the Fear of Modernity," 31–39.

19. For example, Victoria Clayton, in Walker, "Power, Sex, and Gender Roles," 185. Scholars have debated the extent to which the Civil War presented opportunities for white women to transcend traditional gender boundaries. Scott, in *The Southern Lady*, argued the war was a watershed for Southern white women, who were given new roles in wartime. In this vein, see Jabour, *Scarlett's Sisters*; Ott, *Confederate Daughters*. Historians who challenge Scott's sanguine view include Lebsock, *The Free Women of Petersburg*, 239–40; Rable, *Civil Wars*, 367n24; Whites, *The Civil War as a Crisis in Gender*; Faust, *Mothers of Invention*, 253–54; Weiner, "Female Planters and Planters' Wives in Civil War and Reconstruction Alabama."

20. Harris Journals, Box 1, Folder 3 (1862–1863), February 24, 1863, p. 116, WU.

21. Rubin, *A Shattered Nation*, 53–54.

22. Captain Blackford, July 22, 1862, in Blackford, comp., *Letters from Lee's Army*, 94.

23. Faust, *Mothers of Invention*, 13–19. Stephanie McCurry presents a more nuanced rendering of Confederate women's exuberance for the cause by distinguishing support for secession from the war itself. McCurry, *Confederate Reckoning*, 90–94.

24. Wright, *A Southern Girl in '61*, 194.

25. Letter from Hampton to Alfred Huger, Woodlands Plantation, January 5, 1862, in Hampton, ed., *A Divided Heart*, 111.

26. Catherine Barbara Broun Diary (#2389), typescript, July 10, 1863, p. 23, SHC, UNC (hereafter Broun Diary).

27. Ibid., January 1, 1865, p. 43. See also entry for May 13, 1864, p. 34.

28. Faust, *Mothers of Invention*, 235.

29. Harris Journals, November 23, 1862, and October 9, 1864, WU.

30. Mary Greenhow Lee Diary, May 21 and June 2, 1865, Handley Library, Winchester-Frederick County Historical Society, Winchester, Virginia, quoted in Faust, *Mothers of Invention*, 236.

31. Mary Jeffreys Bethell Diary, 1853–1873 (#1737), typescript copy, April 29, 1862, p. 80, SHC, UNC (hereafter Bethell Diary). Bethell, like so many other Confederate women, resorted to taking medications to cope with the anxiety generated by the war. Bethell took doctor-administered laudanum, which gave her relief from her general ill state, but which she conceded "stopped the flooding" as well. Bethell Diary, April 8, 1862, p. 78.

32. Elaine Showalter's classic study on gender and insanity in nineteenth-century England asserts that "madness" became feminized, that is, women were overrepresented in insane asylums, a reflection, she continues, of cultural assumptions about perceived links between women's reproductive organs and insanity. Peter McCandless, in his study on the South Carolina insane asylum, rejects the characterization of mental illness in the nineteenth century as "feminized," claiming that asylum physicians did not dwell on women's reproductive system as a source of their mental illnesses. My own surveys of Georgia and South Carolina asylums show that women did not become the majority patient population until after the Civil War. As for the perceived "causes" of female patients' "insanity," while reproductive-related factors do not constitute a majority of causes, they are cited regularly as contributing to the mental illness of female patients. To take but one sample year: in 1862, sixteen females' admission records at the Georgia insane asylum include cause or causes of mental illness (though a total of nineteen females were admitted). Six patient histories cite reproductive-related causes, either direct or proximate; ten do not. So, while the majority of female patients' records in that single year note nonreproductive-related causes of their insanity, a significant number identify reproductive health as an explanation for mental illness. Showalter, *The Female Malady*; McCandless, "A Female Malady?" A more recent study of gender in nineteenth-century British asylums is Shepherd and Wright, "Madness, Suicide and the Victorian Asylum." On nineteenth-century conceptions of gender and their correlation to psychiatric traits, see Shields, "Passionate Men, Emotional Women." The treatment that female asylum patients received in the nineteenth century is described by Danielle Terbenche in "'Curative' and 'Custodial.'"

33. See note 6, on insanity, in chapter 1.

34. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1274, January 7, 1862; and, Microfilm R #677, SCSH Admissions Books, January 21, 1862, SCDAH. There is a discrepancy in Eason's age. Asylum records record her age as thirty-seven, and the 1860 census, age fifty. 1860 Census, Charleston, "Mary Eason." In the 1880 Census, Columbia, Richland County, South Carolina, Eason, still residing in the asylum, is recorded as being sixty-five.

35. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1241, May 30, 1861; and, Microfilm Reel AD #677, SCSH Admissions Books, May 30, 1861, SCDAH.

36. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1351, August 16, 1863; and. Microfilm Reel AD #677, SCSH Admissions Books, August 16, 1863, SCDAH.

37. Letter from Dr. E. Turnipseed, November 9, 1863, to "All Whom It May Concern," and a letter to William Parker, chairman of the Commission for the Poor of Richland District, November 9, 1863, SCSH Commitment Files; and, Microfilm Reel AD #677, SCSH AdmissionsBooks, November 11, 1863, SCDAH; 1860 Census, Columbia, Richland County, South Carolina, "Pottey Turnipseed."

38. Principally, Whites, *The Civil War as a Crisis in Gender*.

39. Historians disagree about the extent to which Southern slaveholding women supported the patriarchal slave society of which they were a part. Anne Firor Scott suggested that women of the planter class chafed against the confining aspects of life in the antebellum household. Scott, *The Southern Lady*, 46–79. Catherine Clinton makes a similar point in *The Plantation Mistress*, 16–35. Elizabeth Fox-Genovese, by contrast, contended that discontent among slaveholding women has been greatly exaggerated among historians. Fox-Genovese, *Within the Plantation Household*, 47–48. See also Bercaw, *Gendered Freedoms*, 51–59. George C. Rable asserts that despite their subordinate status, slaveholding women were beneficiaries and defenders of the system. Rable, *Civil Wars*, 31–49. Suzanne Lebsock takes a more nuanced position, arguing that white slaveholding women operated under a different value system than men, one that privileged personalism, and by doing so exerted a "subversive" influence on the slave system. Lebsock, *The Free Women of Petersburg*, 138, 144. Brenda Stevenson's *Life in Black and White*, 203–4, and especially Thavolia Glymph's *Out of the House of Bondage* make clear that no intimacy or bond existed between female slaves and mistresses.

40. Poor white women especially deviated from prescribed gender behaviors. Bynum, *Unruly Women*; Sommerville, *Rape and Race in the Nineteenth-Century South*.

41. McCurry, *Confederate Reckoning*, 94–100.

42. Sally Elmore Taylor Memoirs, p. 107, SHC, UNC, as quoted in Scott, *The Southern Lady*, 81.

43. Bethell Diary, September 26, 1862, p. 90, SHC, UNC.

44. Faust, *Mothers of Invention*, 251.

45. Harris Journals, Box 1, Folder 1 (1862–1863), November 23, 1862, WU.

46. Ibid., Box 2, Folder 3 (1862–1863), November 20, 1862, p. 99.

47. Ibid., Box 2, Folder 4 (1864), July 24, 1864.

48. Ibid., Box 2, Folder 4 (1864), September [?], 1864.

49. Bethell Diary, April 17, 1862, p. 79, SHC, UNC. On wartime women and slave management, see Massey, *Bonnet Brigades*, 210; Stowell, "'A Family of Women and Children'"; Bercaw, *Gendered Freedoms*, 51–53.

50. Bethell Diary, May 9, 1861, p. 63, SHC, UNC.

51. Ibid., February 27, 1862, p. 75.

52. Ibid., April 17, 1862, p. 79.

53. Ibid., May 9, 1862, p. 81. See also April 8, 1862, p. 79.

54. Harris Journals, Box 2, Folder 3 (1862–1863), December 2 and December 5, 1862; Folder 4 (1864), July 8, 1864, WU.

55. Letter from Jane May to Arabella May, June 27, 1862, in Mackintosh, ed., *"Dear Martha,"* 77, 46n173. John May did die, but a few months later in the Second Battle of Bull Run in August 1862.

56. Applicants to asylums generally had been ill for extended periods of time, usually years, before their families or communities took steps to institutionalize them. Families treated asylums as the option of last resort, largely because of stigma, and so made every attempt to accommodate mentally ill family members at home. Consequently, it was not uncommon for the severely mentally ill to go for years without proper medical care. The tipping point usually came when an unwell person's behavior became uncontrollable, typically violent, and posed a safety threat to others or to himself or herself.

57. Relying on the biographical data of asylum patients—residence, age, marital status, children, responsible party—I try to match them with census and military service records to piece together their family histories and circumstances during the war. Learning that a female inmate has a husband serving in the war is not in and of itself a cause of her mental debility, but it does provide important information and better contextualizes her condition. I also rely on current psychiatric and sociological studies on women in war zones to inform my understanding of the impact of war on civilians' psychic health.

58. GAR, December 16, 1861, pp. 46–47, GA. Various spellings make it difficult to accurately identify her husband. J. A. Fuger/J. A. Fewger/J. A. J. Feuger served in the 5th Georgia Cavalry; J. A. G. Feuger/J. A. Fewger served in the 1st Georgia Infantry (Olmstead's) and 18 Battalian Georgia Infantry. No census records can be located.

59. *Richmond Daily Dispatch*, November 6, 1861 (reprinted from the *New Orleans Bee*).

60. *Richmond Daily Dispatch*, August 8, 1864. Francis M. Alford married Mary Cornelia Forest in Norfolk, Virginia, in 1854. Virginia, Select Marriages, 1785–1940, at Ancestry.com. Service records for Francis M. Alford, aged thirty-one from Norfolk, can be found at Fold3.com, http://www.Fold3.com/search.php?f_ancestor_id=hAoZO-WDb&df_ancestor_id=Within%3ACivil+War+Soldiers+-+Confederate+-+VA&query=francis+alford&submit=Search (accessed April 24, 2012). Francis Alford survived the war and returned to Norfolk. See Norfolk city directories for 1866, at Ancestry.com, http://search.Ancestry.com/cgi-bin/sse.dll?rank=1&new=1&MSAV=0&msT=1&gss=angs-c&gsfn=frank&gsln=alford&mswpn__ftp=Norfolk%2c+Independent+Cities%2c+Virginia%2c+USA&mswpn=24283&mswpn_PInfo=8-%7c0%7c1652393%7c0%7c2%7c3245%7c49%7c0%7c24255%7c24283%7c0%7c&msbdy=1830&uidh=9w3&pcat=37&h=680772367&db=USDirectories&indiv=1 (accessed April 24, 2012).

61. GAR, GA. Information drawn from admissions registers from April 15, 1861, to April 14, 1865.

62. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1352, August 1863; Microfilm Reel AD #673 SCLA, Patient Treatment Records, Vol. 3 (1859–69, 1874), Patient #1352, August 1863; and Microfilm Reel AD #677, SCSH Admissions Books, August 19, 1863, SCDAH.

63. GAR, October 31, 1862, p. 76, GA. Virginia King died just two months later, though no cause of death is listed. 1860 Census, Floyd County, Georgia, "James [W] ng"; 1850 Census, Jackson, Georgia, "James King"; 1870 Census, Floyd County, Georgia, "James King." Virginia's husband, James, was aged fifty-four in 1860, so it is unlikely he served in the Confederate army, though with a common surname it is difficult to determine for sure. The four sons of military age were named William, John,

Robert, and James. Again, because of the common surname, it is not possible to identify accurately all four as serving in the war, but Robert N. was a corporal in the 23rd Georgia Infantry. See service records at Fold3.com and the pension application of Mrs. Belle King, August 2, 1937, Georgia, Confederate Pension Applications, 1879–1960, Ancestry.com.

64. *Richmond Daily Dispatch*, January 15, 1863 *Daily Constitutionalist*, January 23, 1863, and *Raleigh Standard*, December 31, 1862. 1860 Census, Asheboro, Randolph County, North Carolina, "Winship Wilson," shows that twenty-seven-year-old Luezer (Louisa) lived with her husband, Winship Wilson, a shoe and boot maker, and had two children, Eugene, aged six years, and Walter, aged two, who died shortly after his mother. Winship remarried and can be found in the 1870 Census, Bush Hill, Randolph County, North Carolina, "W. M. Wilson." Winship or "W." Wilson cannot be located in Confederate service records. As a Quaker, he may have avoided serving in the military on religious grounds. The 1852 marriage record of Winship Wilson and Louisa A. Wilson can be found at Ancestry.com, http://search.Ancestry.com/cgi-bin/sse.dll?indiv=1&db=NCMarriages&rank=1&new=1&MSAV=0&msT=1&gss=angs-d&gsfn=winship&gsln=wilson&uidh=9w3&pcat=34&fh=3&h=1910149&recoff=27+28 (accessed April 20, 2012).

65. Conolly, "Clinical Lectures on the Principal Forms of Insanity" [quotes on p. 349]. For a historical comparison of puerperal insanity, see Rehman, St. Clair, and Platz, "Puerperal Insanity in the Nineteenth and Twentieth Centuries." On the nineteenth-century understanding of puerperal fever, see Gunn, *Gunn's New Domestic Physician*, 463–64.

66. Nineteenth-century medical professionals believed women's reproductive organs, the uterus and ovaries, were connected to the central nervous system and so supposed that changes in the reproductive cycle, such as pregnancy, childbirth, and menarche, affected women's emotional state. Smith-Rosenberg and Rosenberg, "The Female Animal," 335; Stephens, "Breezes of Discontent."

67. GAR, October 3, 1861, p. 40, GA. In 1860, Martha, eighteen, was still living with her parents (or grandparents) in Macon. 1860 Census, Macon, Georgia, "Stephen Fulford," p. 107. After the war she and husband Brantley relocated to Alabama. 1870 Census, Henry County, Alabama, "Brantley Hodges." For a short genealogical biographical sketch of Brantley Hodges, see Ancestry.com, http://trees.Ancestry.com/tree/12385463/person/1159034108/media/1?pgnum=1&pg=0&pgpl=pid%7cpgNum (accessed April 7, 2012). For Brantley's service record in the Georgia infantry, see Fold3.com, http://www.Fold3.com/image/#35998161&terms=brantly+hodges (accessed April 4, 2012). On postpartum depression in antebellum Southern women, and for a particularly poignant description of one woman's severe mental suffering, see McMillen, *Motherhood in the Old South*, 92–93. A twentieth-century study asserts that pregnant women and women in the year following childbirth experience a low risk of suicide. Appleby, "Suicide during Pregnancy and in the First Postnatal Year." The subjects of the study, however, were not living in a war zone as Confederate women would have been. Moreover, a study of Israeli new mothers living under threat of terror showed them to be especially prone to psychological distress because the first year after childbirth is a stressful period. Kaitz, Stecklov, and Devor, "Anxiety Symptoms of New Mothers during a Period of Recurrent, Local Terror."

68. Miller, "Postpartum Depression"; Sawyer, "Postpartum Mental Disturbances"; Leahey-Warren, McCarthy, and Corcoran, "First-Time Mothers"; Parry, "Postpartum Depression in Relation to Other Reproductive Cycle Mood Changes."

69. For example, in January 1861, Elizabeth Pardue entered the South Carolina insane asylum after cutting off the head of one of her children and twice attempting to kill another. Letter from John D. Wylie, magistrate of Lancaster County, South Carolina, January 25, 1861, SCSH Commitment Files; and, Microfilm Reel AD #677, SCSH, Admissions Books, January 29, 1861, SCDAH. Eliza Vernon, too, almost certainly was under the influence of postpartum psychoses when she attempted to kill one of her children with an axe. GAR, April 28, 1861, p. 22, GA.

70. Miller, "Postpartum Depression"; Sawyer, "Postpartum Mental Disturbances"; Leahey-Warren, McCarthy, and Corcoran, "First-Time Mothers."

71. Conolly, "Clinical Lectures on the Principal Forms of Insanity," 350.

72. Recent psychological and sociological studies make a compelling case for the importance of social networks and support in times of great stress, such as living in a war zone or under a terror threat. Social support serves to mediate stress by acting as a buffer and in fact promotes psychological well-being in times of stress. See Neria, Besser, Kiper, and Westphal, "A Longitudinal Study of Posttraumatic Stress Disorder, Depression, and Generalized Anxiety Disorder"; Hobfoll and Walfisch, "Coping with a Threat to Life"; Hirsch, "Natural Support Systems and Coping with Major Life Changes"; Besser and Neria, "When Home Isn't a Safe Haven"; Dekel and Tuval-Mashiach, "Multiple Losses of Social Resources following Collective Trauma."

73. GAR, February 28, 1863, p. 87, GA; 1860 Census, Bowdon, Carroll County, Georgia, "James Fletcher." Several James Fletchers served in the Georgia infantry, though it is impossible to establish that any one of them was married to Sarah Fletcher. Confederate service records on Fold3.com.

74. GAR, April 9, 1866, p. 152, GA. McMillen, *Motherhood in the Old South*, 167; Dye and Smith, "Mother Love and Infant Death," 330; Armstrong, "To Say 'Thy Will Be Done.'" An antebellum physician asserted that half of all children in America died before reaching five years of age. Gunn, *Gunn's New Domestic Physician*, 480.

75. Dye and Smith, "Mother Love and Infant Death," 329–30, 337–44; McMillen, *Motherhood in the Old South*, 170–71; Kennedy, *Born Southern*, 72; Armstrong, "To Say 'Thy Will Be Done,'" 3–4; McIntyre, "'A Poor Example of Christian Fortitude.'" Jan Lewis points to parents who came to view their children as the sole source of happiness and comfort in the early nineteenth century in *The Pursuit of Happiness*, 183–86.

76. Steckel, "Antebellum Southern White Fertility"; McMillen, *Motherhood in the Old South*, 167; Clinton, *The Plantation Mistress*, 60–61; Armstrong, "To Say 'Thy Will Be Done,'" 2.

77. GAR, April 9, 1866, p. 152, GA. Spellings of surname include Gladen, Gladin, Gladdin, Gladden. Patient's name is variously spelled as Winey, Winnie, and Winney. 1850 Census, Chattanooga Valley, Walker County, Georgia, "Elias Gladden"; 1860 Census, Wilson, Walker County, Georgia, "Elias Gladen." Elias Gladden's service records can be found at Fold3.com, http://www.Fold3.com/search.php?query=elias+gladden&f_ancestor_id=h4XF1YLmp&df_ancestor_id=Within%3AGeorgia (accessed February 21, 2012); and in Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 4,

11. It appears Gladden first enrolled in a home guard unit and then later, an infantry regiment (6th Battalion Georgia Cavalry, 23rd Georgia Infantry), from which he was reported absent without leave in February 1864. One wonders, given the physical and mental ailments of his wife, whether Gladden's AWOL status was an attempt to return home to offer assistance. Confederate women, especially late in the war, regularly implored their husbands to return home. Faust, *Mothers of Invention*, 238–44. On "milk leg," consult Gunn, *Gunn's New Domestic Physician*, 459, and *Encyclopaedia Britannica*, http://www.britannica.com/EBchecked/topic/382525/milk-leg (accessed February 21, 2012).

78. Burr, ed., *The Secret Eye*, 141–42.

79. GAR, June 1867, p. 209, GA. See 1860 Census, Marion County, Georgia, "A. Passmore," aged twenty-six, a physician, and his wife, Henrietta A., aged eighteen, and a six-month-old son. A. B. "Abner" Passmore, aged sixteen, appears in the 1850 Census in Marion County living in the household of his parents, Joseph and Cynthia Passmore. Because the ages match up over the two censuses, I infer that "Abner Passmore" is "A. Passmore" married to Henrietta. There are two sets of service records, one for Abner Passmore, the other for A. Passmore, both enlisting in Marion County. It is likely they are one and the same because A. Passmore enlisted in May 1862, but was discharged because he furnished a substitute in January 1863, presumably because in September 1862 he was "at home sick in Marion County." However, in 1863 Abner Passmore was drafted into the 5th Georgia Infantry (State Guards). See Fold.com, http://www.Fold3.com/search.php?query=abner+passmore&f_ancestor_id=h4XF1YLmp&df_ancestor_id=Within%3AGeorgia and http://www.Fold3.com/image/#56599814 (accessed February 21, 2012)..

80. GAR, April 28, 1861, p. 21, GA; 1860 Census, Floyd County, Georgia, "Benjamin W. Baker"; Georgia Marriages, 1699–1944, at Ancestry.com, http://search.Ancestry.com/cgi-bin/sse.dll?indiv=1&db=GAmarriages_ga&rank=1&new=1&MSAV=0&msT=1&gss=angs-d&gsfn=benjamin&gsln=baker&msgdy=1857&uidh=9w3&pcat=34&fh=0&h=8061&recoff=6+8 (accessed April 20, 2012); CSA service records at Fold3.com, http://www.Fold3.com/image/#28887600 (accessed April 20, 2012).

81. GAR, June 29, 1864, p. 139, GA. Sarah was married to Anguish/Angus P. Malloy (or Maloy), living in Magnolia, Georgia (Clinch County), in 1860 with two children. The contact person for her while in the asylum was her brother, James W. Staten (Sarah Malloy was the former Sarah Staten). 1860 Census, Clinch County, Georgia, "Anguish Malloy." On the death of Malloy, see service records at Fold3.com for A. P. Malloy. The Malloy biographical sketch was also pieced together by multiple entries on Ancestry.com in addition to those above. For a case of an Illinois woman abandoned by her husband, in dire straits, and her child's sole supporter, who killed herself and her child by drowning, see *Chattanooga Daily Gazette*, June 30, 1864.

82. Holmes and Vinovskis, "The Impact of the Civil War on American Widowhood," 65. For an account of a Northern woman in the nineteenth century who was widowed at an early age and suffered profound grief, though did not devolve into mental illness, refer to Shockley, *The Captain's Widow of Sandwich*.

83. On grieving Civil War widows, see Massey, *Bonnet Brigades*, 215–16; Elder, "To Cry Happily Forever"; Mays, "'Down in the Depths of My Heart'"; McIntyre, "'A

Poor Example of Christian Fortitude.'" On added responsibilities for Civil War widows, see Gross, "'Good Angels,'" 135. Mary Todd Lincoln reportedly expressed a wish to die upon learning of her husband's death. Elder, "To Cry Happily Forever," 1. Ten years later her adult son attempted to institutionalize her, prompting, it would seem, an effort to secure laudanum in an attempt to take her life. Hirschhorn, "Mary Lincoln's 'Suicide Attempt.'"

84. For example, fifty-five-year-old widow Louisa Robinson of Stewart County, Georgia, was admitted to the Milledgeville asylum in 1845. Asylum officials attributed her demise to "loss of friends" and "having lost her husband and children in a short time." GAR, Patient #42, May 10, 1845, GA. Sarah Rohn of Savannah entered the Georgia asylum in 1852. The forty-year-old widow became insane, it was believed, due to the death of her husband. GAR, Patient #344, admitted July 27, 1852, GA. Louisa Lelman first exhibited signs of insanity when her husband died in 1854. The mother of eight children was institutionalized four years later after manifesting violent tendencies including an attempt at suicide. GAR, Patient #687, November 17, 1858, GA.

Nineteenth-century observers and many scholars into the twentieth century asserted that motives for self-destruction varied by gender. Women, it was believed, resorted to suicide over broken or disrupted relationships, severed or strained by death, unrequited love, separation, or discord. Men, by contrast, were driven to suicide by material interests and misfortune, such as business failure and pecuniary embarrassment. Rhodes, "Suicide"; Morselli, *Suicide*, 305; Kushner, "Suicide, Gender, and the Fear of Modernity," 30; Johnson, "Durkheim Revisited." 150; Canetto and Lester, "Gender, Culture, and Suicidal Behavior," 174. Women's suicides were believed driven by personal stressors (such as loss of loved ones), males' suicides by impersonal stressors (financial failure). While current scholarship persuasively contests these characterizations of suicide motives and gender in the twentieth century, some of this analysis rings true for women in the Civil War South based on asylum patient records.

85. For example, Hannah Burgess fell back on the support of family, community, and church after the death of her husband, William, a sea captain. Shockley, *The Captain's Widow of Sandwich*, 139–49. See also Conger, *The Widow's Might*, 9, 64; Boswell, *Her Act and Deed*, 33. On widows actively seeking new husbands during the war, see Faust, *Mothers of Invention*, 147–50; Wood, *Masterful Women*, 183–86.

86. See, for example, the observation of one North Carolina woman on the shortage of marriageable men during the war in Kenzer, *Kinship and Neighborhood in a Southern Community*, 84, 97–98, 125. One measure of the loss of marriageable men can be seen in the comparison of the censuses of 1860 and 1870 for Orange County, North Carolina. In 1870, there were 25 percent fewer white men between the ages of twenty and thirty-nine than in 1860. Kenzer, *Kinship and Neighborhood in a Southern Community*, 97. See also Gross, "Good Angels," 134, 137–39; Boswell, *Her Act and Deed*, 101; Censer, *The Reconstruction of White Southern Womanhood*, 32; McClurken, *Take Care of the Living*, 54–57; Wood, *Masterful Women*, 183–86. Some historians offer that Southern white women, desperate to find a husband from a diminished pool, resigned to marrying much older men or men from a lower station. Faust, *Mothers of Invention*, 147–50. On this point, see Censer, "Finding the Southern Family in the Civil War," 223–24. A demographic study of the effect of the Civil

War on marriage finds that, despite the vast loss of male life and despite concerns expressed during the war about the paucity of eligible men, the war had only a modest impact on women's chances for remarriage. Hacker, Hilde, and Jones, "The Effect of the Civil War on Southern Marriage Patterns." Similarly, E. Susan Barber found the war did little to change marriage patterns in Richmond. Barber, "'The White Wings of Eros.'" The tragic case of Mariah Murray demonstrates further restraints on widows' abilities to remarry. Murray's deceased veteran husband, in an effort to protect his children's inheritance, stipulated that upon remarriage her generous widow's share would revert to a mere child's portion, removing any incentive to remarry. She resorted to intimate companionship, which resulted in an out-of-wedlock pregnancy that contributed to her suicide. Bynum, "The Seduction and Suicide of Mariah Murray," 29–30.

87. Holmes and Vinovskis, "The Impact of the Civil War on American Widowhood," 66. On the importance of kinfolk during the war and especially for war widows, see Kenzer, "The Uncertainty of Life," 115. On the importance generally of relying on relatives and friends as a survival strategy during the war, see McClurken, *Take Care of the Living*, 34, 38–40; Gross, "Good Angels," 141. Desperate Southern families increasingly turned to the state for support when kin networks failed them. Murrell, "'Of Necessity and Public Benefit.'"

88. Cobb, "Social Support as a Moderator of Life Stress." See note 72 in this chapter as well.

89. Kenzer, "The Uncertainty of Life," 115.

90. A modern study of women who lost husbands is helpful in gauging the psychological consequences of losing a husband in the Civil War–era South. Anxiety and fear, the article suggests, are prevalent in a widow's life in the first three years of loss. So widows whose husbands died during the war would be experiencing expected bouts of anxiety and depression while navigating the ill effects of war. Moreover, the study suggests a correlation between the level of distress and the level of dependence on one's husband. Not surprisingly, the more reliant a woman was on her husband, the less independent she was and the greater her depression following his death. Because Victorian marriage was grounded in patriarchy and coverture, especially so in the South, most women, save the very wealthy, were highly dependent on their husbands and therefore susceptible to considerable distress following the death of a spouse. Sable, "Attachment, Anxiety, and Loss of a Husband."

91. GAR, January 23, 1867, p. 189, GA; 1860 Census, Campbellton, Campbell County, Georgia, "Ann Little." Which son and the cause of his death are not known. Little's eldest son, Henry, was thirteen in 1860, so it is possible that as a teen he joined the Confederate army and died in battle, though I have not yet been able to document that information. He does not appear in Ann's or any other Georgia household in the 1870 census. An "H. T. Little," age 17, from Palmetto, Georgia, located in Campbell County, served in a reserve unit (perhaps because of his young age), then was assigned to Andersonville. Records available at Fold3.com. Another son, Joseph, who was nine in 1860, was too young to have served as a soldier, though he is not living in his mother's household in 1870 and may have been the child for whom she grieved. 1870 Census, Palmetto, Campbell County, "Ann Little." Her youngest son, John, con-

tinued to be domiciled in Ann's household in 1870. It is also possible that Ann had adult sons who had left her household by 1860. Although institutionalized in 1867, Ann Little was back in her home by 1870.

92. GAR, November 19, 1863, p. 107, GA; 1850 Census, Ringgold, Walker County, Georgia, "David Anderson"; 1860 Census, Catoosa County, "D. S. Anderson"; McPherson, *Battle Cry of Freedom*, 669–84. Camp had a sixteen-year-old son who may have gone off to war, given his age, but service records are inconclusive.

93. GAR, September 9, 1862, p. 69, GA. 1860 Census, Baldwin County, Georgia, "George W. Barnes." Marcellus Barnes served in the Georgia infantry, while W. H. H. Barnes joined Stephens Battalion, a Georgia home guard unit, found on Fold3.com; Confederate Pensions Applications, Georgia Confederate Pension Office, Georgia's Virtual Vault, http://vault.georgiaarchives.org/cdm/compoundobject/collection/TestApps/id/87622/rec/40 and http://vault.georgiaarchives.org/cdm/compoundobject/collection/TestApps/id/119612/rec/68 (accessed October 13, 2011).

94. *Southern Watchman* (Athens, Ga.), November 12, 1862; 1850 Census, Oglethorpe County, Georgia, "Woodson Daniel"; 1860 Census, Ogelthorpe County, Georgia, "Woodson Daniel." Georgia, Wills and Probate Records, 1742–1992, Oglethorpe, Will Books, D-E, 1835–1903, Woodson Daniel, August 14, 1861, pp. 250–52, Ancestry.com. I am reasonably certain that "John C. Daniel" of Lexington (Oglethorpe County), Georgia, who enlisted in Echols Battery (a unit formed in Oglethorpe County), is John Chesley Daniel, the son of Woodson and Mary Daniel, who was aged twenty-three at the start of the war. For John C. Daniel's service record, consult Fold3.com, http://www.Fold3.com/image/#36011264 (accessed September 3, 2017). He sustained a foot injury in the summer of 1864 and received a thirty-day furlough, after which no military records can be found. He appears to have survived and was living in Oglethorpe County, Georgia, in 1880 with a wife and children. 1880 Census, Oglethorpe, Georgia, "John C. Daniel."

95. [Also Philips]. Microfilm Reel AD #674, SCLA, Physicians' Record, Patient #1349, August 10, 1863; and, Microfilm Reel AD #677, SCSH Admissions Books, August 10, 1863, SCDAH.

96. On Joseph Mayo, see Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=8477744 (accessed September 3, 2017). Joseph and Philip, Caroline's husband, were brothers. Ancestry.com, http://trees.Ancestry.com/tree/20833910/person/994747149?facts (accessed September 3, 2017). On Martha, see *Richmond Daily Dispatch*, July 13, 1861; 1850 Census, Richmond, Virginia, "Philip Mayo." For the death of Philip Mayo, see *Virginia Genealogical Society Quarterly* 16:2 (April 1978): 46, at Ancestry.com, http://search.Ancestry.com/browse/view.aspx?dbid=6131&iid=VGS_1978_01_01_0046&rc=179,718,336,747;33,872,188,901;214,872,343,901;722,868,856,897;1608,868,1769,897;463,1690,661,1723&pid=512787502&ssrc=&fn=philip&ln=mayo&st=g (accessed September 3, 2017).

97. Theodoric/Theodore/Theodorick Prynn or Pryor Mayo was a physician who enlisted initially with the 1st Company Richmond Howitzers Light Artillery but transferred to the 3rd Virginia Infantry as a surgeon in November 1862. Service records for Theodore/T. P Mayo found at Fold3.com and for Theodoric Pryor Mayo in U.S., Civil War Soldier Records and Profiles, 1861–1865, at Ancestry.com.

98. 1850 Census, Richmond, Virginia, "Philip Mayo." William lived with his mother, sister, and brother in 1870. 1870 Census, Richmond, Virginia, "R. C. [Theodoric?] Mayo."

99. *Richmond Daily Dispatch*, October 28, 1861. In 1860, Caroline and daughter Martha, aged twenty, were living in Richmond, apparently as boarders, in the household of Lucy Wharton, "gentlewoman." 1860 Census, Henrico County, Richmond, Virginia, "Lucy Wharton"; Harper, *Women during the Civil War*, 290; Hilde, *Worth a Dozen Men*, 25, 28, 99.

100. *Richmond Dispatch*, August 20, 1863.

101. Jane Mayo died at age nine months in April 1839. *Virginia Genealogical Society Quarterly* 20:2 (April 1982): 74, at Ancestry.com, https://www.Ancestry.com/interactive/6131/VGS_1982_01_01_0074/514884682?backurl=http%3a%2f%2fsearch.Ancestry.com%2fcgi-bin%2fsse.dll%3fdb%3dvgs%26gss%3dsfs28_ms_db%26new%3d1%26rank%3d1%26msT%3d1%26gsln%3dmayo%26gsln_x%3do%26_810002A2__int%3d4%26_810002A1__int%3d1982%26MSAV%3d1%26uidh%3d9w3&ssrc=&backlabel=ReturnSearchResults&rc=595,718,727,747;950,755,1084,784 (accessed September 30, 2017). Richard L. B. Mayo died in 1844 at age eight months. *Virginia Genealogical Society Quarterly* 28:2 (May 1990): 156, at Ancestry.com, https://www.Ancestry.com/interactive/6131/VGS_1990_01_01_0156/519079068?backurl=http%3a%2f%2fsearch.Ancestry.com%2fcgi-bin%2fsse.dll%3fdb%3dvgs%26gss%3dsfs28_ms_db%26new%3d1%26rank%3d1%26msT%3d1%26gsln%3dmayo%26gsln_x%3do%26_810002A2__int%3d5%26_810002A1__int%3d1990%26MSAV%3d1%26uidh%3d9w3&ssrc=&backlabel=ReturnSearchResults&rc=1757,2244,1868,2282 (accessed September 30, 2017). Another child, Alexander Fulton Mayo, is reported to have died in 1830 at age two, but I have not been able to document this in official records.

102. Hilde, *Worth a Dozen Men*, 99.

103. Caroline survived the war, is listed annually as Philip's widow, and operated a boardinghouse later in the century. In U.S. City Directories, 1821–1989 (beta), Richmond, Va., see, for example, the Richmond directory for the year 1889 at Ancestry.com, https://www.Ancestry.com/interactive/2469/11783147/659258096?backurl=http%3a%2f%2fsearch.Ancestry.com%2fcgi-bin%2fsse.dll%3fdb%3dUSDirectories%26gss%3dsfs28_ms_db%26new%3d1%26rank%3d1%26msT%3d1%26gsfn%3dcaroline%26gsfn_x%3do%26gsln%3dmayo%26gsln_x%3do%26msrpn__ftp%3dRichmond%2520City%252C%2520Virginia%252C%2520USA%26msrpn%3d24289%26msrpn_PInfo%3d8-%257C0%257C1652393%257C0%257C2%257C0%257C49%257C0%257C0%257C24289%257C0%257C0%257C%26MSAV%3d1%26uidh%3d9w3&backlabel=ReturnSearchResults (accessed September 30, 2017). See also Caroline Mayo's pension application for Philip Mayo, War of 1812 Pension Application Files Index, 1812–1815, pensions WO 14029 and WC 8553. Ancestry.com, https://www.Ancestry.com/interactive/1133/miusa1814_114166-00408/96719?backurl=http%3a%2f%2fsearch.Ancestry.com%2fcgi-bin%2fsse.dll%3fdb%3dWarof1812_Pension%26gss%3dsfs28_ms_db%26new%3d1%26rank%3d1%26msT%3d1%26gsfn%3dphilip%26gsfn_x%3do%26gsln%3dmayo%26gsln_x%3do%26MSAV%3d1%26uidh%3d9w3&ssrc=&backlabel=ReturnSearchResults (accessed September 30, 2017).

104. Mackintosh, *"Dear Martha,"* 9 (December 1861). The local paper reported Galbraith's death, but listed no cause of death. *Yorkville Enquirer*, December 5, 1861; 1840

Census, York, South Carolina, "Ann Galbraith"; 1860 Census, Yorkville, York, South Carolina, "Hanah Galbraith."

105. GAR, September 1861, p. 37, GA.

106. Kenzer, "The Uncertainty of Life," 113.

107. Microfilm Reel AD #674, Physicians' Record, Patient #1379, March 28, 1864; SCSH Commitment Files, March 1864; and Microfilm Reel AD #677, SCSH Admissions Books, March 28, 1864, SCDAH. I could not locate her husband's service records, in part because of the many variations in the spelling of Hardin (Harland, Harlin, Harling, Hardin, Harvin, Halvin, Harbour).

108. Biographical and treatment narrative pieced together from the following sources: letter from three physicians, August 30, 1864, Belton, South Carolina, SCSH Commitment Files; Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1394, August 30, 1864; and, Microfilm Reel AD #677, SCLA Admissions Books, SCDAH; 1850 and 1860 census mortality schedules; 1850 and 1860 Censuses, Anderson, South Carolina, "Austin Campbell" (Austin, aged twenty-eight, was living with Frances, aged twenty-one, and one child, Charles, aged two, in 1860). Austin's military service record can be found on Fold3.com, http://www.Fold3.com/search.php?query=Austin+Campbell&f_ancestor_id=hBXltCwCh&df_ancestor_id=Within%3ACivil+War+Soldiers+-+Confederate+-+SC (accessed February 13, 2012). The information on Frances's father and brothers can be found at Family Tree Maker, http://familytreemaker.genealogy.com/users/g/a/m/Robert—W-Gambrell/GENE1-0003.html (accessed February 13, 2012). Service records for Matthew Gambrell (Company D, 4th South Carolina Regiment) and David H. Gambrell (Company G, 2nd South Carolina Rifles) are found at Fold3.com. Frances's father was Reverend Matthew Gambrell. A letter from one of Frances's descendants claimed that all nine of Frances's brothers entered the war and only two survived. I believe this to be incorrect but have only been able to document two brothers' deaths during the war.

109. Conger, *The Widow's Might*, 64. See also the case of thirty-year-old Mrs. T. C. Smith admitted to the Georgia asylum in November 1863. The onset of her mental instability coincided with the death of her husband about one year prior, suggesting a correlation. GAR, November 11, 1863, p. 105, GA. The common surname and use of only the patient's initials make it impossible to identify her husband in census and service records.

110. GAR, October 21, 1862, p. 74, GA. 1860 Census, Madison County, Florida, "John O. Carroll." John Oliver Carroll, aged forty when war broke out, married Eleanor Dekle, a widow with three small children, probably in the 1840s. Some reports indicate they married in 1857, but they are domiciled in 1850 and have a child together. 1850 Census, Thomas County, Georgia, "Nancy Bivins," presumably Eleanor's mother. They lived for a time in Thomas County, Georgia, but then relocated to Madison County, Florida, where Carroll enlisted in the 5th Florida Infantry in March 1862. Carroll's service records can be found at Fold3.com. His absence from the home is further suggested by Eleanor's next-of-kin information in asylum records, listed as Curtis Carroll of Boston, Georgia, the older brother of John. On the marriage of John and Eleanor, see Ancestry.com, http://trees.Ancestry.com/tree/14512445/person/117790986 (accessed April 24, 2012). See a short biographical sketch of John Carroll at Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GSln=CA&GSfn

=j&GSpartial=1&GSbyrel=all&GSdyrel=all&GSst=11&GScntry=4&GSob=n&GSsr=2801&GRid=17123529&df=all& (accessed April 24, 2012). Genealogical records note the deaths of two children, but I can document only one. Some list a female child, Missouri, born in 1844, but she does not appear in the 1850 census (perhaps Minerva, not Missouri, who is six in 1850). Amanda, born in 1849, appears in the 1850 census, but not in the 1860 census, and so likely had died by that time, and Emma was alive at the age of nine in 1860, but may have died shortly after that.

111. GAR, April 12, 1872, p. 317, GA. 1870 Census, Coweta County, Georgia, "Julius A. Allen."

112. Fathers, too, were distraught over their sons going off to war. James Little from North Carolina drowned himself in a well, it was believed, because of the "diseased condition of the country." "All of his sons were in the army, with one having been wounded and disabled for life." Sammons, comp., *Marriage and Death Notices from Wilmington, North Carolina Newspapers*, 131 (May 1864).

113. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1344, July 3, 1863; and, Microfilm Reel AD #677, SCSH Admissions Books, December 23, 1863; 1860 Census, Albemarle, Virginia, "J. H. Bibb"; 1870 Census, Charlottesville, Virginia, "John H. Bibb." F. S. Bibb enlisted in a Virginia light artillery company and died May 28, 1863, of the wounds he received earlier that month. French Bibb's service records found on Fold3.com. Harriet P. Bibb appears in the 1880 census, Pennsylvania Hospital for the Insane, Philadelphia. 1880 Census, Philadelphia, Pennsylvania, Pennsylvania Hospital for the Insane.

114. *Richmond Daily Dispatch*, March 26, 1864; 1860 Census, Cleveland County, North Carolina, "William Hawkins." Service records for William D. Hawkins, 28th North Carolina Infantry, at Fold3.com.

115. GAR, March 23, 1862, p. 52, GA. Sons Gabriel and Henry both served in the 60th Alabama Infantry, Company F. Service records obtained at Fold3.com; 1860 Census, Fulton County, Georgia, "Henry Letson."

116. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1328, February 18, 1863; and, Microfilm Reel AD #677, SCSH Admissions Books, February 18, 1863, SCDAH. Service records for Abner B. Jackson, 23th South Carolina Infantry, found at Fold3.com; 1850 and 1860 Censuses, Marlboro, South Carolina, "George Jackson." Theresa (Thursey/Thryza) Jackson had two additional military-aged sons, Noah and Samuel, who likely served in the CSA, but this is impossible to verify given the common surname. Over a dozen service records exist for those two names.

117. GAR, June 26, 1866, p. 160, GA. Matilda McCravey's (also McCravy) next of kin is listed as D. S. McCravey, whom I believe to be her son and whose service records can be found at Fold3.com: 36th Georgia Infantry.

118. [Also Meyers]. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1413, February 2, 1865; letter from Dr. W. Patterson to Dr. Albert Myers, December 28, 1864, Richmond County, North Carolina, and letter from Dr. C. B. Coppidge to Dr. Albert Myers, January 28, 1865, SCSH Commitment Files; and, Microfilm Reel AD #677, SCSH Admissions Books, February 2, 1865, SCDAH; 1860 Census, Anson County, North Carolina, "Albert Myers"; 1870 Census, Mount Pleasant, Titus County, Texas, "Albert Myers"; 1880 Census, Anson County, North Carolina, "Albert Myers"; 1850 Slave Schedule; 1860 Slave Schedule.

119. Faust, *Mothers of Invention*, 16–17, 234–35, 238, 242, 243–44, 246, 247.

120. Ibid., 179–87. On the importance of faith in consoling grieving Southern women, see Armstrong, "To Say 'Thy Will Be Done.'"

121. GAR, March 3, 1863, p. 88, GA; 1860 Census, Hall County, Georgia, "T. Shockley"; Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 4, 724. One other brother served in the Confederate army and survived, but he was held as a POW for some time. Application of Mrs. A. J. Shockley, September 30, 1910, for Jeptha B. Shockley, who served in the 24th Georgia Infantry, Confederate Pension Applications, State of Georgia, Georgia's Virtual Vault, http://vault.georgiaarchives.org/cdm/compoundobject/collection/TestApps/id/348809/rec/1 (accessed July 15, 2014). In due time, however, an improved Elizabeth was released and joined her elderly mother and older sister in tending to the family farm, aided only by three African American servant children. In what would become commonplace in the aftermath of war, Elizabeth had become part of an all-female household that inherited the homestead once headed and operated by men. 1870 Census, Hall County, Georgia, "Elizabeth Shockley." On the practice of adult sibling co-residence after the war, see Censer, *The Reconstruction of White Southern Womanhood*, 52–54.

122. GAR, September 12, 1863, p. 102, GA; 1860 Census, Danielsville, Madison County, Georgia, "Mary Baxter."

123. Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1443, February 20, 1866; and, Microfilm Reel AD #677, SCSH Admissions Books, February 20, 1866, SCDAH. Samuel A. Bird enlisted in 1861 with the 12th South Carolina Volunteers, Company G. He was wounded at the Battle of Gettysburg and had his right leg amputated. Bird's service record found on Fold3.com.

124. On the shift to a "hard war" strategy by the U.S. military, consult Grimsley, *The Hard Hand of War*. On wartime devastation of the South generally, consult Nelson, *Ruin Nation*.

125. On the war's economic impact on the Southern homefront including starvation, shortages, and material deprivation, see Zornow, "Aid for the Indigent Families of Soldiers of Virginia"; Massey, *Bonnet Brigades*, 236–39, 197–209; Escott, *Many Excellent People*, 52–58; Boswell, *Her Act and Deed*, 94; Stowell, "'A Family of Women and Children,'" 162; Frank, "War on Two Fronts," 49–50; Wood, *Masterful Women*, 161–63.

126. GAR, April 27, 1865, p. 128, GA; 1860 and 1870 Censuses, and 1860 Slave Schedule, McIntosh County, Georgia, "Henry Way." Henry Way is listed as a private serving in the 1st Battalion of the Georgia Cavalry. Henry Way's service record found at Fold3.com. Although Hannah Way's husband served in the Confederate cavalry, asylum attendants failed to consider his service as a contributing cause of her mental illness.

127. GAR, April 9, 1866, p. 152, GA.

128. Rable, *Civil Wars*, 162. On Confederate women's response to invading Union armies, see also Faust, *Mothers of Invention*, 196–214; Whites, *The Civil War as a Crisis in Gender*, 96–110.

129. On the impact of rumors of invasion on Southern women, see Gardner, *Blood and Irony*, 17–20.

130. On the fear of invasion as well as the ensuing looting and destruction that Southern women sometimes faced, consult Massey, *Bonnet Brigades*, 221–27; Stowell,

"'A Family of Women and Children,'" 161–66; Frank, "War on Two Fronts," 53–54; Frank, "Bedrooms as Battlefields"; Wood, *Masterful Women*, 173, 176–79; Van Zelm, "When the Home Front Became a Battlefront."

131. GAR, November 26, 1867, p. 224, GA. There are no service records for Malachi Busey [Bussey]; however, a census undertaken by the state of Georgia in 1864 to determine the eligibility status of its able-bodied men reveals Malachi had received an exemption for an undisclosed "disability." 1864 Census for Re-organizing the Georgia Militia, Ancestry.com. Still other records show he died of a gunshot wound in a Confederate hospital in Savannah in 1864 and was buried there. Savannah, Georgia, Cemetery and Burial Records, 1852–1939, entry for Bussy, December 11, 1864, Ancestry.com. Even though asylum records show the patient's name as "Mrs. Eliza Busey," her name is listed in the 1860 and 1870 censuses as Mary E. Bussey: 1860 Census, Zebulon, Pike County, "Malachi Bussey," and 1870 Census, Pike County, "Mary E. Bussey." I believe these two people to be one and the same based on the following: asylum records list her age in 1867 as forty-three; in the 1860 census, she is thirty-four, not an exact matchup, but close. In the 1870 census, Mary E. Bussey is forty-nine, "insane," and living with several children, who appear on the census ten years earlier. Various records on Ancestry.com have Malachi Bussey married to Mary Elizabeth Brown in 1850 and list seven children (although asylum records indicate eight), the youngest of whom was born in 1863, which corresponds with asylum records that state her youngest in 1867 was aged four. Two marriage records have the two married in Pike County on August 18, 1850. Malachi Bussey and Elizabeth Brown, Georgia, Compiled Marriages, 1754–1850, and Malachi Bussey and Eliza Brower, Georgia, Marriage Records for Select Counties, 1828–1978, Ancestry.com. Led by twenty-seven-year-old Brigadier General James H. Wilson, Wilson's Raid was a cavalry campaign launched in early 1865 to take key sites in Alabama and Georgia. McPherson, *Battle Cry of Freedom*, 825. See also Grimsley, *The Hard Hand of War*, 203. On Sherman's march generally through Georgia and north through the Carolinas, see Grimsley, *The Hard Hand of War*, 190–204; Royster, *The Destructive War*, 321–30; Glatthaar, *The March to the Sea and Beyond*; Dunkelman, *Marching with Sherman;* Frank, *The Civilian War: Confederate Women and Union Soldiers.* On the destruction and threat to private dwellings and spaces, see Nelson, *Ruin Nation*, 61–102. Jacqueline Glass Campbell details the destructive swath, especially its impact on female civilians in *When Sherman Marched North*, 38, 58–74, 88–90. Personal recollections on the march can be found in Jones, *When Sherman Came*. For cases of Virginia women admitted to an asylum because of the presence of federal troops, see McClurken, *Take Care of the Living*, 122.

132. GAR, August 9, 1865, pp. 131–32, GA. Waiting one year or longer to admit a loved one to an asylum was typical in the nineteenth century. Families generally viewed asylums as the "last resort" option when dealing with a relative who was struggling with mental illness. Tomes, *The Art of Asylum-Keeping*, 118–28. While the arrival of federal troops in her neighborhood was likely the precipitating factor in Ozburn's "insanity," other factors contributed to her decline, including brothers serving in the Confederate army, which, although ignored or overlooked by asylum officials, surely weighed heavily on the young woman as she weathered the escalating strains of war, likely without adult male support. Charles M. Ozburn served in the 44th Georgia

Infantry Regiment. Younger Robert Stelle Ozburn served in the 30th Infantry Georgia and was captured near Chickamauga. He remained a prisoner of war until May 1865. Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 3, 567, and Confederate service records at Fold3.com. See also service records of Robert S. Ozburn, Robert S. Osburne, and Robert T. Osborne (all the same person), at Fold3.com. To establish Lucinda and Robert as siblings, see 1860 Census, Jonesboro, Clayton County, Georgia, "Jon Ozburn," and 1850 Census, Fayette County, Georgia, "J. M. Osborne."

133. GAR, January 10, 1866, p. 141, GA. On Sherman's sweep through South Carolina and the burning of Columbia, consult Grimsley, *The Hard Hand of War*, 200–202; Royster, *The Destructive War*, 330–32; Campbell, *When Sherman Marched North*, 58–74; Nelson, *Ruin Nation*, 44–60.

134. Nelson, *Ruin Nation*, 79–81; Barber and Ritter, "'Physical Abuse . . . and Rough Handling.'"

135. Weiner, ed., *A Heritage of Woe*, 71 (September 8, 1864); 73 (September 25, 1864); 81–82 (November 26, 1864).

136. Jones, *Intimate Reconstructions*.

137. While 40 percent of Northern and Southern white men of military age combined (thirteen to forty-three in 1860) served in the army, that number reached 61 percent in the South. Of those men who served in the Union army, about 6 percent died compared to 18 percent of Southern soldiers. Confederate soldiers also experienced higher casualty rates than their Northern counterparts: one in six Northern soldiers died compared to one in four Confederate soldiers. Vinovskis, "Have Social Historians Lost the Civil War?," 7–10. Jeffrey W. McClurken, in his study of Pittsylvania County–Danville, found an astonishingly high 79 percent of the area's military-aged males serving in the military, a figure that increases to 83 percent if reserve, home guard, and arsenal production units are factored in. McClurken, *Take Care of the Living*, 14–15. McCurry claims 75–85 percent of Southern men served the Confederacy compared to the Union's 50 percent. McCurry, *Confederate Reckoning*, 152. The point is, the deaths and casualties that resulted from the Civil War did far greater harm to the South than the North because of its smaller population base.

138. Bailey, *"This Rash Act,"* 129. Studies indicate that men are more likely to die when engaged in suicidal behavior, whereas women engage in more self-destructive behavior, though it is less often lethal.

139. *Raleigh Standard*, December 31, 1862.

140. Burr, ed., *The Secret Eye*, 257 (March 29, 1865).

Chapter 3

1. Hammond, *Gov. [James H.] Hammond's Letters on Southern Slavery; Addressed to Thomas Clarkson, the English Abolitionist*, Letter no. 3, p. 15. Hammond's critique of free labor and his defense of slavery are touched upon in Faust, *James Henry Hammond and the Old South*, 176–77, 278–82. On insanity and African Americans in the secondary literature, see Savitt, *Medicine and Slavery*, 248–50; Summers, "'Suitable Care of the African When Afflicted with Insanity,'" 67; Snyder, *The Power to Die*, 155. Historians have tended to agree with white antebellum Southerners that

the suicide rate among slaves was low. Robert W. Fogel and Stanley L. Engerman pronounced the rate "extremely low" on the basis of the 1850 census, known to be an unreliable source. Fogel and Engerman, *Time on the Cross*, 124–25. See also Quarles, *The Negro in the Making of America*, 75, and Genovese, *Roll, Jordan, Roll*, 639–40.

2. "Wealth and Poverty—Luxury and Economy," 403.

3. *Liberator*, October 14, 1859.

4. [Hopley], *Life in the South*, 183.

5. Bell, *We Shall Be No More*, 201–46.

6. Snyder, "Suicide, Slavery, and Memory," 53.

7. "Mistaken Sympathy, or Mistaken Figures," 349. Works that discuss abolitionists' use of slave suicide in their anti-slavery campaign include Snyder, "Suicide, Slavery, and Memory," 51–53; Snyder, *The Power to Die*, 121–56; Bell, *We Shall Be No More*, 201–46; Gudmestad, "Slave Resistance, Coffles, and the Debates over Slavery,"; and Schantz, *Awaiting the Heavenly Country*, 126–62.

8. Kirke, *Among the Pines*, 254–59.

9. *Louisville Daily Journal*, February 24, 1863.

10. Savitt, *Medicine and Slavery*, 248–54; Summers, "'Suitable Care of the African When Afflicted with Insanity,'" 68–74; Randolph, "Central Lunatic Asylum for the Colored Insane," 14–15.

11. Bellows, "'Insanity Is the Disease of Civilization,'" 269–70.

12. Galt, "Asylums for Colored Persons," 82–83. This denial stands in striking contrast to the eighteenth century when whites readily and openly acknowledged melancholy as a reason for slave suicide. Snyder, *The Power to Die*, 26, 36–38, 41, 44, 182n10. Of course, the enslaved did lay claim to property, contrary to common beliefs that they did not. Penningroth, "The Claims of Slaves and Ex-Slaves to Family and Property"; Penningroth, "Slavery, Freedom, and Social Claims to Property among African Americans."

13. Galt, "Asylums for Colored Persons," 82–83.

14. Chaillé, "Insane Asylum of the State of Louisiana, at Jackson," *New Orleans Medical and Surgical* Journal *15* (January 1858): 108–09.

15. Hayden, "On the Distribution of Insanity in the United States," 180. Whites outside the South proved susceptible to this trope, even expressing envy of the perceived carefree lives of slaves. Abraham Lincoln remarked how, when traveling on a steamboat with newly purchased slaves, separated from their families and homes, the slaves "were the most cheerful and apparently [*sic*] happy creatures on board." Basler, ed., *The Collected Works of Abraham Lincoln*, Vol. 1, 260.

16. Summers, "'Suitable Care of the African When Afflicted with Insanity,'" 69–70.

17. [Hopley], *Life in the South*, 183. Jeff Forret's work in census materials shows that insanity was the least common disability among the enumerated enslaved population denoted in the 1850 census. Nonetheless, he found that mentally disabled slaves were regularly housed in county almshouses, hospitals, jails, and asylums. Forret, "'Deaf and Dumb, Blind, Insane, or Idiotic,'" 512–14, 526–34.

18. *Alexandria Gazette*, April 15, 1861, p. 3.

19. Pro-slavery thought advanced a larger slate of naturalized biological characteristics intended to differentiate blacks from whites as a means to justify slavery. Notably, pseudo-scientists like Samuel Cartwright and Josiah Nott asserted that African

Americans were impervious to suffering, lacked familial affection, and were intellectually inferior. Fredrickson, *The Black Image in the White Mind*, 51–96. Erin Dwyer's recent study on emotions in the slave South points to white efforts to depict slaves as "constitutively emotionally different from whites." Dwyer, "Mastering Emotions," 38–86, 40.

20. Some cities, like Richmond (1870), Savannah (1803), and Charleston (1821) maintained vital statistics before the twentieth century, but these were exceptions. Most Southern states mandated collection of birth and death records beginning around 1912. Virginia stands alone as an exception. Prior to the passage of a law in 1853, the collection and maintenance of vital statistics was an ecclesiastical function. After 1853, local clerks relied on family members, doctors, and coroners to supply demographic information on deceased members of the community, including cause of death. These annual registers were then forwarded to the Auditor of Public Accounts in Richmond. The law lapsed in 1896 when the legislature abandoned the data collection efforts for financial reasons. Library of Virginia, "Using Vital Statistics Records."

21. *Richmond Daily Dispatch*, November 1860–December 1865. Silkenat, too, finds a disproportionate number of white suicides covered in antebellum North Carolina newspapers. Silkenat, *Moments of Despair*, 40. On the problematic nature of evidence for slave suicide, also see Snyder, "Suicide, Slavery, and Memory," 40–45; Snyder, *The Power to Die*, 14–16.

22. Ball, *Slavery in the United States*, 69.

23. Brown, "Spiritual Terror and Sacred Authority," 181. See also Lovejoy, "Ethnic Designations of the Slave Trade," 38; Gomez, "A Quality of Anguish," 85–87; Snyder, *The Power to Die*, 23–45.

24. Of the suicides, 86.7 percent were committed by Africans. Walker, "Suicidal Tendencies," 12; Perez, *To Die in Cuba*, 41.

25. Perez, *To Die in Cuba*, 35. A New York traveler reported his observations on Cuban slaves, whom he believed to be craftier and more revengeful than American slaves. They frequently committed suicide, he shared, over the slightest punishment, for they recognized that the loss of their labor would be a "serious inconvenience, if not a great pecuniary misfortunate to their masters." [Rogers], *Incidents of Travel in the Southern States and Cuba*, 119.

26. Snyder, "Suicide, Slavery, and Memory," 40. For other innovations designed to prevent slave suicide, consult Snyder, *The Power to Die*, 37–39.

27. Gomez, *Exchanging Our Country Marks*, 164.

28. Piersen, "White Cannibals, Black Martyrs."

29. Paz, *Seeds of Insurrection*, 72; Littlefield, *Rice and Slaves*, 74–75; Snyder, "Suicide, Slavery, and Memory," 39.

30. Perez, *To Die in Cuba*, 33–53.

31. Walker, "Suicidal Tendencies," 10; Brown, "Spiritual Terror and Sacred Authority," 180; Perez, *To Die in Cuba*, 38–39: Gomez, "A Quality of Anguish," 85–87; Gomez, *Exchanging Our Country Marks*, 117–18.

32. Gomez, *Exchanging Our Country Marks*, 117–19; Snyder, "Suicide, Slavery, and Memory," 39; Snyder, *The Power to Die*, 157–66; Perez, *To Die in Cuba*, 39.

33. Ball, *Slavery in the United States*, 219.

34. Snyder, "Suicide, Slavery, and Memory," 48–49; Walker, "Suicidal Tendencies," 12; Piersen, "White Cannibals, Black Martyrs," 151–52; Littlefield, *Rice and Slaves*, 13–15; Morgan, *Slave Counterpoint*, 641; Perez, *To Die in Cuba*, 35–36. The reputation that the Igbo had for suicidal tendencies may have been linked partially, Gomez offers, to social and political freedom rooted in the democratic structures of Igbo villages. Gomez, *Exchanging Our Country Marks*, 116–26, 127–28. It is worth noting that Islam condemned suicide in the strongest terms. Noteworthy, too, is that the groups most commonly associated with suicide—"Igbo/Carabalí/Moku" and the "Coromantee"—came from non-Muslim regions of Africa. My thanks to Sean Kelley for making this observation. I cautiously utilize categories of Africans used by scholars and contemporaries alike that were used to differentiate ethnic groups. I heed Paul E. Lovejoy's admonition that confusion over geography, ports of embarkation, ethnicity, language, and religion in sources has bled into scholarly analysis. Ethnic backgrounds, he cautions, can be complicated. Lovejoy, "Ethnic Designations of the Slave Trade," 9–10. James H. Sweet also weighs in, warning these ethnic categories were fluid and largely New World creations that held little (or different) meaning in African. Sweet, *Recreating Africa*, 19–20; Sweet, "Mistaken Identities."

35. Snyder, "Suicide, Slavery, and Memory," 54.

36. Piersen, "White Cannibals, Black Martyrs," 151.

37. Ball, *Slavery in the United States*, 325–37.

38. Douglass, "Letter to the American Slaves from Those Who Have Fled from American Slavery," 162.

39. Ball, *Slavery in the United States*, 69.

40. *Liberator*, June 28, 1850.

41. Bell, *We Shall Be No More*, 206.

42. Walsh, *The Career of Dion Boucicault*, 63–69.

43. Torrey, *A Portraiture of Domestic Slavery*, 42–43. See also Snyder, *The Power to Die*, 1–6; Bell, *We Shall Be No More*, 217–21.

44. Craft, *Running a Thousand Miles for Freedom*, 21–22.

45. Marsh, ed., *Writings and Speeches of Alvan Stewart on Slavery*, 101.

46. Stampp, *The Peculiar Institution*, 128–29.

47. Berlin, *Many Thousands Gone*, 106.

48. Gomez, *Exchanging Our Country Marks*, 120. Terri L. Snyder uses this quotation in particular to argue for the need to "push beyond the resistance model," which Gomez utilizes, in the study of slave suicide. Snyder, *The Power to Die*, 16–17.

49. Silkenat, *Moments of Despair*, 17–18. Other characterizations of slave suicide as a form of resistance include Franklin and Moss, *From Slavery to Freedom*, 131. See also Perez, *To Die in Cuba*, 45–47. Perez elaborates that the "act of self-destruction offered a slave a means to deny a planter the service of labor, and indeed in doing so struck at the very *raison d'être* of the slave system." "This was," he concludes, "resistance with a vengeance" (46). Mark S. Schantz argues that slaves often embraced death, including suicide, because it offered a better alternative to living as a slave, which is not inconsistent with my claims here. He hitches ideas about death and suicide among slaves to the notion of "freedom" and considers a wider array of actions as potentially suicidal, like joining the army during the Civil War or staging a rebellion. Choosing suicide as a path to freedom is not necessarily inconsistent with my

argument. Freedom might very well mean escape from a lecherous or abusive master. But he goes beyond an individual's suffering to see slave suicides as "acts of rebellion against the slave system as a whole." Ultimately, I think, he is convinced slave suicides were heroic acts of resistance. Schantz, *Awaiting the Heavenly Country*, 126–62, 143.

50. Eugene Genovese stands out for his skepticism on this point. He claimed the "assertion that slaves frequently committed suicide, quaintly put forward by some historians as a form of 'day-to-day resistance to slavery,' rests on no discernible evidence." Genovese, *Roll, Jordan, Roll*, 639.

51. Historical scholarship on everyday slave resistance is voluminous, but one of the earliest works on slavery to call attention to it was Kenneth M. Stampp's *The Peculiar Institution*, 101–5.

52. Johnson, "On Agency," 114. Forgoing ideological explanations for slave suicides permits the interrogation of individual circumstances surrounding a slave's suicide, including mental illness, which does not fit within the heroic resistance model. Viewing slave self-destruction foremost as an act of political resistance presupposes a logical decision-making process in challenging the power and authority of a slave master: a sane, willful slave reasoned that killing himself or herself would deprive his or her owner of both labor and wealth while also ending the owner's mastery over him or her. What, though, of the slave who was of unsound mind? Not all slaves who ended their own lives were of sound mind.

53. The limitations of labeling slave suicide a political act disconnected from individual circumstances become even clearer when considering post-emancipation suicides of freedpeople. How does one account for suicides of the formerly enslaved when masters no longer sustained a material loss with a slave's death?

54. My use of the term "neo-abolitionist" reflects my approach to analyzing motives for slave suicide that are rooted in the circumstances and conditions of slavery, in much the same way anti-slavery activists viewed causation. Abolitionists, in their literature, emphasized physical and emotional suffering as motive for the enslaved who voluntarily ended their lives, as do I. For abolitionists, suicide among the enslaved was a measure of suffering. They featured individual cases of enslaved men and women who engaged in suicidal thought or activity as a means to end extreme emotional or physical pain. The resistance explanation, which has been so influential among scholars, offers an ideological analysis, which effectively has hidden the myriad contexts of slave suffering that I aim, in this chapter, to uncover.

55. Snyder, *The Power to Die*, 17. Snyder is the first scholar I have encountered who seriously questions the utility of the resistance model for understanding slave suicide. She provides an extremely thoughtful explication of her thinking (16–18), with which I concur.

56. See, for example, Blassingame, ed., *Slave Testimony*, xlii–lxii; Litwack, *Been in the Storm So Long*, xiii; Johnson, *Soul by Soul*, 11; Glymph, *Out of the House of Bondage*, 14–16.

57. Genovese offered his impression that most slaves who committed suicide did so to escape capture after running away or to avoid punishment or sale. Genovese, *Roll, Jordan, Roll*, 639. See also Perez, *To Die in Cuba*, 40; Lester, *Suicide in African Americans*, 7–8.

58. "Deaths of Outlawed Slaves by Violent or Suspicious Means Noted in the Journals of the Burgesses of Virginia." The lists of petitions by slaveholders requesting compensation for deceased slaves are taken from the various published journals of the Virginia House of Burgesses from 1619 to 1776.

59. Green, *Narrative of the Life of J. D. Green*, 19–21.

60. *Confederate Union*, December 1, 1863, p. 3.

61. *Macon (Ga.) Daily Telegraph*, April 28, 1860.

62. Keckley, *Behind the Scenes; or, Thirty Years a Slave*, 30.

63. Yellin, ed., *Incidents in the Life of a Slave Girl*, 122.

64. Glymph, *Out of the House of Bondage*, 57–58. Glymph's analysis of slave punishment is informed by the work of Michael Taussig on colonial Peru. Taussig, "Culture of Terror—Space of Death."

65. *New Orleans Bee*, April 11, 12, 1834. There are numerous popular accounts of the LaLaurie scandal, and the LaLaurie mansion, purportedly haunted, is a tourist attraction in New Orleans. See for example, George Washington Cable, *Strange True Stories of Louisiana*, 192–232. A more scholarly treatment of the episode is found in Baker, "Misrecognized: Looking at Images of Black Suffering and Death," 32–38.

66. One should not discount the severity of physical punishments. Floggings of fifty to seventy lashes were not uncommon. Other forms of punishment included branding, tar and feathering, castration, shackling, mutilation, and confinement in an underground hole. Blassingame, *The Slave Community*, 263. On slave punishments, see also Johnson, *Soul by Soul*, 192–93; Eakin and Logsdon, eds., *Twelve Years a Slave: Solomon Northup*, 179; Jones, *Born a Child of Freedom, Yet a Slave*, 74–79. Glymph reminds us of the extremes of psychological and physical violence that were employed to control slaves, especially by mistresses. Glymph, *Out of the House of Bondage*, 32–62.

67. Letter from William Capers to Charles Manigault, June 13, 1860, in Phillips, ed., *Plantation and Frontier Documents*, Vol. 2, 94; Dusinberre, *Them Dark Days*, 75–76, 86, 99, 169.

68. Cotton, WPA narrative, *Federal Writers' Project: Slave Narrative Project*, Vol. 2, *Arkansas,* part 2, 40.

69. *Florida Whig*, November 29, 1853, reported in *Liberator*, December 2, 1853.

70. Blassingame, ed., *Slave Testimony*, 165n19.

71. Grandy, *Narrative of the Life of Moses Grandy*, 8–9. See Dwyer, "Mastering Emotions," 162–63, which treats the suicide of Grandy's brother as a way to discuss children's reactions to sorrow and anger.

72. *Liberator*, July 10, 1846.

73. Ibid., June 28, 1850.

74. *Ritchie v. Wilson*, Supreme Court of the State of Louisiana, Eastern District, 3 Mart. (n.s.) 585 (1825) La. (accessible through the LexisNexis database or through the public site, Historical Archives of the Supreme Court of Louisiana, Earl K. Long Library, University of New Orleans, http://libweb.uno.edu/jspui/handle/123456789/9729 [accessed October 16, 2017]). The aggrieved slave owner withheld his overseer's wages in 1822 as partial compensation for the drowned slave. Also, Snyder, "Suicide, Slavery, and Memory," 57.

75. Kirke, *Among the Pines*, 254–59.

76. Hutchinson, WPA narrative interview, *Federal Writers' Project: Slave Narrative Project*, Vol. 2, Arkansas part 3, 374.

77. "Inquest on the body of James, a negro, property of Adam Finch," July 15, 1828, Charlotte County Inquisitions, 1802–1864 Folder, Charlotte County, Misc., Records/Bonds/Commissions/Oaths/Estrays (1774–1785), Coroner's Inquests, Official Appointments, 1770–1870, Box 141, BC 1012961, State Records Center Annex, LVA. On slave patrols, consult Hadden, *Slave Patrols*, and Camp, *Closer to Freedom*, 25–26. Slave women may have also feared sexual assault by patrollers as well as corporal punishment.

78. *Liberator*, January 18, 1850.

79. Perdue, Barden, and Phillips, eds., *Weevils in the Wheat*, 34, 43–44.

80. Steward, *Twenty-Two Years a Slave*, 247–48.

81. Towns, WPA narrative interview, *Federal Writers' Project: Slave Narrative Project*, Vol. 1, Alabama (390). For another account of an Alabama runaway slave drowning himself rather than return to slavery, see Rawick et al., eds., *Slave Testimony*, Vol. 1, 103.

82. *Liberator*, October 22, 1836.

83. *Cincinnati Commercial*, July 18, 1850, reported in *Liberator*, July 19, 1850.

84. Roper, *A Narrative of the Adventures and Escape of Moses Roper*, 74–76. Also, Silkenat, *Moments of Despair*, 14–15.

85. Bibb, *Narrative of the Life and Adventures of Henry Bibb*, 66.

86. Charlton, *Sketch of the Life of Mr. Lewis Charlton*, 5.

87. *Liberator*, October 20, 1843.

88. *New Orleans Courier*, February 4, 1855, reported in *Liberator*, February 16, 1855.

89. *Charleston Mercury*, November 17, 1862, p. 2.

90. "Inquest on the body of Sam Shaw, a slave," September 15, 1861, Coroner's Inquisitions, Court of General Session, Fairfield County, SCDAH.

91. *Richmond Dispatch*, November 19, 1864. Benjamin Garrett, Royall's master, owned 132 slaves, making him one of the largest slave owners in Halifax County. Ancestry.com, http://freepages.genealogy.rootsweb.Ancestry.com/~ajac/vahalifax.htm (accessed June 11, 2013).

92. Historians of slavery, of course, struggle with paucity of evidence generally. On archival silences, especially for enslaved women, see Fuentes, *Dispossessed Lives*.

93. Camp, *Closer to Freedom*, 28–34.

94. Genovese, *Roll, Jordan, Roll*, 648–57; White, *Ar'n't I a Woman?*, 70–71; Camp, *Closer to Freedom*, 28–59; Jones, *Born a Child of Freedom, Yet a Slave*, 62, 165; Stevenson, *Life in Black and White*, 253–54. Slave women were more likely than men to be truant, that is, absent for short periods of time rather than make a break for freedom in the North. Camp, *Closer to Freedom*, 35–59.

95. Camp, *Closer to Freedom*, 58.

96. *Colored American*, February 17, 1838; *Liberator*, October 6, 1837.

97. Weisenburger, *Modern Medea*; *Liberator*, March 7, 14, and 21, 1856.

98. *Syracuse Journal*, October 24, 1850, reported in *Liberator*, November 1, 1850.

99. *Liberator*, December 19, 1856.

100. There is a large, robust scholarship on the importance of family in the slave community. Among the notable works addressing this topic are Genovese, *Roll, Jordan, Roll*, 450–523; Gutman, *The Black Family in Slavery and Freedom*; Schwalm, *A*

Hard Fight for We, 54–55; Joyner, *Down by the Riverside*, 137–38; Burton, *In My Father's House Are Many Mansions*, 237–42; Malone, *Sweet Chariot*; White, *Ar'n't I a Woman?*; Berry, *"Swing the Sickle,"* 53–59.

101. Wood, *Strange New Land*, 61–62; Blassingame, *The Slave Community*, 149–91.

102. Blassingame, *The Slave Community*, 297; Jones, *Born a Child of Freedom, Yet a Slave*, 37–46. On the impact of personal separations on the enslaved, consult Williams, *Help Me to Find My People*.

103. This gender disparity might very well reflect a skewing of printed sources, not actual cases of slave suicide. Abolitionists may have preferred the suicidal stories of women, believing they would more effectively tap into the sympathies of their white Northern readership.

104. Torrey, *A Portraiture of Domestic Slavery*, 42–43. Torrey, *A Portraiture of Domestic Slavery*, 42–43. See also Bell, *We Shall Be No More*, 218–20; Schantz, *Awaiting the Heavenly Country*, 145–48. On the case of Anna, see Snyder, *The Power to Die*, 1–6. On slave suicide due to separation from family, consult Snyder, *The Power to Die*, 151–53. The failed suicide became politicized as members of Congress debated the interstate slave trade. See Gudmestad, "Slave Resistance, Coffles, and the Debates over Slavery," 72–74.

105. Weld, ed., *American Slavery as It Is*, 92. On the psychological impact of enslaved mothers who were separated from their children, see Turner, *Contested Bodies*, 174–81.

106. "The Domestic Slave-Trade: Report on the Slave Trade," 99. It is worth considering, too, that in these cases separation from family was compounded by being transported to the Deep South, where conditions reportedly were much more severe. Torrey, *A Portraiture of Domestic Slavery*, 44–45.

107. *Liberator*, October 22, 1836.

108. Brown, *Narrative of William W. Brown*, 40.

109. Williams, *Narrative of James Williams*, 32.

110. Yellin, ed., *Incidents in the Life of a Slave Girl*, 16.

111. Grimes, *The Life of William Grimes*, 16.

112. "The Domestic Slave-Trade: Report on the Slave Trade."

113. *Missouri Intelligencer*, as reported in *Liberator*, June 6, 1835. Although the stories are strikingly similar, they do vary in key details. However, it is possible that facts have been confused and the story relates to the same male slave. An enslaved Georgia man hanged himself presumably because his master had ordered him not to visit his wife on a different plantation because of an outbreak of smallpox in Macon. Macon *Daily Telegraph*, March 3, 1860. An enslaved man from Tennessee likewise took his life after being separated from his family and sold to a planter in the deep South. After the sale had been completed, the slave secured a pistol and "blew his brains out." Browne, *Four Years in Secessia*, 156–57.

114. Aughey, *Tupelo*, 541–43.

115. Annie Tate, WPA interview, *Federal Writers' Project: Slave Narrative Project*, Vol. 11, part 2, 333–34.

116. Roper, *A Narrative of the Adventures and Escape of Moses Roper*, 61, 74–76. Silkenat, *Moments of Despair*, 14–15.

117. Alston and Anderson, "Suicidal Behavior in African-American Women," 137–38.

118. *Ketchum v. Dew* (Tennessee, April term, 1870), 47 Tenn. (7 Cold), 532, in Coldwell, comp., *Reports of Cases Argued and Determined in the Supreme Court of Tennessee*.

119. *New Orleans Courier*, February 4, 1855, reported in *Liberator*, February 16, 1855.

120. Unnamed former slave, WPA narrative, 1937, *Georgia Narratives*, Vol. 4, part 4, 290.

121. *Richmond Daily Dispatch*, July 1, 1861; 1860 Census, Richmond, Henrico County, Virginia, "Geo H. Tompkins." Tompkins likely served as part of a local defense unit. CWSSS.

122. Clay, *The New Man*, 75.

123. Painter, "Soul Murder and Slavery," 125–46; Hine, "Rape and the Inner Lives of Black Women." On slave suicide in response to sexual abuse, see Snyder, *The Power to Die*, 149–50.

124. Ashkenazi, ed., *The Civil War Diary of Clara Solomon*, 236 (November 3, 1861).

125. In the spring of 1861, U.S. naval authorities seized an enemy vessel, the *Wanderer*, off Key West, Florida. The sailing ship had a strange history. It had been retrofitted in 1858 for illegal trade in slaves from Africa and, after disembarking its illicit cargo on Jekyll Island, Africans were dispersed for sale throughout the South. Eventually the crew and the masterminds of the operation, including Savannah notable Charles A. L. Lamar, went on trial for violation of the 1807 slave trade ban. A local jury acquitted the slave traders of any major wrongdoing; only a relatively minor charge stuck. Calonius, *The Wanderer*; Wells, *The Slave Ship Wanderer.*

126. Saxon, *A Southern Woman's War Time Reminiscences*, 30–31.

127. Stevenson, *Life in Black and White*, 138, 236–40; Painter, "Soul Murder and Slavery"; Hine, "Rape and the Inner Lives of Black Women"; White, *Ar'n't I a Woman?*, 152–53, 164; Stevenson, "Distress and Discord in Virginia Slave Families," 112–13.

128. Stowe, *A Key to Uncle Tom's Cabin*, 154–55.

129. Yellin, ed., *Incidents in the Life of a Slave Girl*, 28–29, 61, 77–78.

130. Eakin and Logsdon, eds., *Twelve Years a Slave*, 142–43, 194–200 (quotations on pp. 143, 199). Snyder makes the point that the women's passive approach to suicide in response to abuse—Harriet Jacob's wishing for death, Patsey's asking someone else to kill her—would have appealed to a female readership, while overt suicidal acts might have been perceived as loss of moral authority. Snyder, *The Power to Die*, 150–51.

131. Quarles, ed., *Narrative of the Life of Frederick Douglass*, 88–105.

132. Douglass, "Letter to the American Slaves from Those Who Have Fled from American Slavery," 162.

133. Unlike "insane" white Southerners, slaves of "unsound mind" rarely entered antebellum asylums. Consequently, there is very little documentation on the conditions of mentally ill slaves.

134. "The State vs. the Dead Body of Ellick," Coroner's Inquest, Edgefield County, South Carolina, April 26, 1851, SCDAH; CSI: Dixie, https://csidixie.org/node/8424 (accessed October 16, 2017).

135. "The State vs. the Dead Body of Nancy," Coroner's Inquest, Edgefield County, South Carolina, June 19, 1847, SCDAH; CSI: Dixie, https://csidixie.org/node/8489 (accessed October 16, 2017).

136. "Inquest on the body of Easter Bee, a coloured woman," January 2, 1844, Lynchburg, Misc., Records/Court Records: Various Courts, Coroner's Inquests (1833–1880); Misc. Papers (1877–1878), Box 640, BC 1014135, State Records Center Annex, LVA.

137. *Nashville Banner*, November 15, 1861, as reported in *Richmond Daily Dispatch*, November 21, 1861. A number of insane slaves who did not engage in suicidal behavior appear in the historical record. See that of Rose, a forty-three-year-old who experienced convulsions, headaches, and episodes of "phrenzy." Her master procured a straitjacket from the nearby asylum in which to restrain Rose, bringing her to the attention of the superintendent of the Eastern Asylum in Williamsburg. [Galt], *Practical Medicine*, 320. Slave women experienced postpartum complications that resulted in "signs of lunacy," as was the case with a slave of Charles Friend. Mary developed "childbed" or puerperal fever, which affected her central nervous system, sending her to the insane asylum in Williamsburg. Savitt, *Medicine and Slavery*, 251. On the causes and manifestations of puerperal fever among slave women, see Schwartz, *Birthing a Slave*, 199–203. The "unsound minds" of some slaves could sometimes be traced to severe beatings about the head, an all-too common occurrence in slavery. Psychiatric debility manifested in Emily, a slave in her thirties suffering symptoms of brain trauma after being struck on the head by her overseer. The blow literally crushed her skull. She talked incessantly, could not focus, and occasionally experienced "paroxysms of emotional excitement." McDonald, "Surgical Cases Presented to the Class of Winchester Medical College," 104–5. In these cases of "deranged" slave women, none attempted self-injury, but they illustrate the effects of physiological and psychological disease and trauma and the toll these could and did take on the mental health of slaves. It is also reasonable to conjecture that cases like these sometimes resulted in suicidal behavior or ideation.

138. "Inquest on the body of Allen, a slave," September 4, 1858, Court of General Sessions, Greenville County, Coroner's Inquisition, 1849–1941, Box 1, 1849–1883, SCDAH.

139. "Inquest on the body of Green, a slave of Samuel Garland," May 11, 1860, Lynchburg, Misc., Records/Court Records: Various Courts, Coroner's Inquests (1833–1880); Misc. Papers (1877–1878), Box 640, BC 1014135, State Records Center Annex, LVA.

140. "Inquest on the body of Mose, a slave," November 11, 1851, Coroner's Inquisition, 1849–1941, Box 1, 1849–1883, Court of General Sessions, Greenville County, SCDAH.

141. "Inquest on the body of Lewis, a slave," May 21, 1861, p. 46, Edgefield County, Judge of Probate, Coroner's Book of Inquisitions (1859–1868), SCDAH.

142. "Inquest on the body of Aron, a slave," June 15, 1862, p. 56, Edgefield County, Judge of Probate, Coroner's Book of Inquisitions (1859–1868), SCDAH.

143. *Richmond Daily Dispatch*, July 9 and 17, 1861; *New Orleans Daily True Delta*, July 11, 1861. Additional non-white (slave and free) suicides that contain very little personal information can be found among the Charleston Death Certificates, Charleston Death Records, 1821–1955, Charleston County Library, Charleston: Abram M. Ball (July 10, 1819); Edward D. Haig (May 14, 1821); female slave belonging to Peter Danon (September 5, 1822); Tolbert Glover (January 19, 1823); ninety-year-old "Sylvia," belonging to "Miss Bailey" (October 27, 1851); Mary Ann Burns (June 19, 1853); and "Becky," belonging to J. M. Gilchrist (February 19, 1855). See also the shooting suicide of Edmond, negro boy of Mr. Watkins, New Orleans, in *Liberator*, June 21, 1844.

144. Silkenat, *Moments of Despair*, 11–21.

145. Steward, *Twenty-Two Years a Slave*, 247–48.

146. Towns, WPA narrative interview, *Federal Writers' Project: Slave Narrative Project*, Vol. 1, Alabama (390).

147. Ball, *Slavery in the United States*, 329, 336.

148. Snyder comes to this conclusion as well. Snyder, *The Power to Die*, 154.

149. Gomez, *To Die in Cuba*, 46.

150. Suicide could also be a manifestation of mental disorders or neurobiological makeup. Kushner, *American Suicide*, 170–77.

151. Weld, ed., *American Slavery as It Is*, 102.

Chapter 4

1. *Native Virginian* (Orange Court House, Va.), September 10, 1869. In all likelihood, that "good lady" was seventy-three-year-old Mary C. Taylor of Madison, Virginia, a widow who before the war lived comfortably as a "farmer" and owned twenty-one slaves ranging in ages from one to fifty, one of whom quite possibly was Joe. 1860 Census, Orange County, Virginia, "Mary C. Taylor," and 1860 Slave Schedule, Orange County, Virginia, "Mary C. Taylor." Ancestry.com. Mary Conway married Robert Taylor in 1806; he died in 1846. Virginia, Select Marriages, 1785–1940, on Ancestry.com; Robert Taylor's death found on Find A Grave, https://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=92342236 (accessed October 29, 2017).

2. Silkenat, *Moments of Despair*, 14–21, 40–51. As with slave suicide, there is no way to quantify suicidal behavior reliably among African Americans in the postbellum period. Mortality records from the period are either non-existent or unsystematic, preventing careful tracking of cause of death over time. Other record types—newspapers, asylum records, census mortality schedules—substantiate suicidal activity in the postwar African American community. But the nature of that evidence limits the kinds of questions that can be asked of those sources. While evidentiary limitations preclude a quantitative study of African Americans and suicide after the Civil War, Southerners did share their impressions about the frequency of black suicide and whether it rose or fell after the war. Anecdotal evidence also helps to construct an understanding of how and if the meaning and experiences of suicide in and outside the African American community changed as a result of emancipation.

3. On postwar concerns about "suicide mania," see chapter 7, note 125.

4. Silkenat, *Moments of Despair*, 40–51.

5. As with suicidal behavior among the enslaved, accounts of suicide among freedpeople, especially in newspapers, asylum records, census mortality schedules, and coroners' reports, contain fewer details than sources documenting white suicide. I list in this note black suicides that I do not discuss further herein because I was unable to unearth supporting sources and evidence that would shed additional light on their lives and deaths. The mere numbers, though, offer important proof that African Americans took their own lives after emancipation. Among the suicides/attempted suicides of African Americans after the war about which we know little else other than their names (and sometimes no names are provided) are the following: a "colored man" who shot himself in the head in New Orleans, *New Orleans Times*, April 30, 1866, p. 10; Fanny Watson attempted suicide by stabbing herself with a pocketknife, also in New Orleans, *New Orleans Times*, December 1, 1865, p. 10; and Sadie Price, a mulatto from Charleston, January 23, 1891, p. 85, Charleston County Coroner's Inquisition Books, Vol. 2 (1883–1893), and Eckerd, Homicide and Serious Assault Records of Charleston County, Charleston Database, County Coroner's Books, 1878–1895. The 1880 U.S. Census mortality schedules contain the following non-white deaths attributed to suicide: Charles Pivens, aged twenty-two, Chatham, Georgia; Joseph Kennedy/Kendy, aged thirty-one, Chatham, Georgia, by poison; William Beach, aged thirty-one, Muscogee, Georgia, by drowning; Green Frazier, aged twenty-five, laborer from Muscogee, Georgia; Mollie/Millie Jackson, aged eighteen, Muscogee, Georgia, drowning; and Ella Wilson, aged thirty-three, Clarke County, Georgia. In non-census records, note the following: Richard L. Cooney slit his wrist, *Atlanta Constitution*, January 3, 1886; Willy Ledbetter, aged thirty-seven, committed suicide by razor, Death Records, Nashville (1874–1889), TSLA; two men of color committed suicide in the vicinity of Jackson, Mississippi, in September 1875: Gabe Carlisle, of morphine overdose, and Columbus Akinson, in *Weekly Mississippi Pilot*, September 2 and 26, 1875, in Wiltshire, *Mississippi Newspaper Obituaries, 1862–1875*, 203 and 233; Robert C. Moon, aged thirty-three, a clerk and newcomer to Richmond, November, 18, 1870, Manuscripts, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 3, BC 1114457, LVA; Sarah Lee, aged thirty, by poison, in Pittsylvania County, Virginia, 1870 Mortality Census Schedule; Presilla Grimes, aged twenty-six, in Mantua, Virginia, 1870 Mortality Census Schedule; Alexander Banks, aged sixty, by gun, Louisa County, Virginia, 1870 Mortality Census Schedule; unnamed female, aged eleven, Richmond, 1880 Mortality Census Schedule; J. D. Baxter, a nineteen-year-old black shoemaker from Charleston, died by his own hand in 1870, in Strickland, Nineteenth Century Death Certificate Database, Charleston Social History Project; and Robert Mickens, a fifteen-year-old Virginia boy of color, took his own life in August 1876. One of at least ten children, Mickens's father was a tanner. Lowry and Baber, comps., *Hanover County, Virginia, Death Register*, 100; 1870 Census, Hanover County, Virginia, "Ruben Mickens."

6. Downs, *Sick from Freedom*, quotation on 4; Long, *Doctoring Freedom*, 44–54.

7. Historians, lacking sufficient data to quantify reliably the mortality rates among the formerly enslaved, nonetheless have attempted to do so. Cliometricians Roger Ransom and Richard Sutch, looking largely at survivorship rates, estimate a rate of 1.6 percent excess mortality in the 1860s, a figure they characterized as "enormous," but relatively so. Contemporaries like General O. O. Howard, superintendent of the

Freedmen's Bureau, put the rate of African American deaths in the wartime South at between 10 and 25 percent. Ransom and Sutch, "The Impact of the Civil War and Emancipation on Southern Agriculture," 7–10; Ransom and Sutch, *One Kind of Freedom*, 53–54. See also McDaniel and Grushka, "Did Africans Live Longer in the Antebellum United States?" Jim Downs resurrects the impressionistic contemporary evidence, namely the 25 percent figure put forth by Howard, who speculated that mortality figures of freedpeople during and shortly after the war were extraordinarily high. Downs, however, does not supply quantitative evidence to support his claim. Thus the mortality rates of African American Southerners after the Civil War remain elusive, and we cannot know with certainty whether and to what extent mortality rates rose in the wake of war. Downs's study of illness among ex-slaves in the 1860s leaves us with the impression, however, that in some pockets of the South and at certain times, large numbers of blacks perished due to illnesses largely generated by the exigencies of war, namely dislocation and camp conditions, and as the unintended consequences of federal policies. Downs, *Sick from Freedom*.

8. Williams, *Help Me to Find My People*.

9. There is an extensive literature on racial violence during Reconstruction. A small sampling of that literature includes: Farmer-Kaiser, *Freedwomen and the Freedmen's Bureau*, especially 158–166; Hahn, *A Nation under Our Feet*, 265–313; Keith, *The Colfax Massacre*; Foner, *Reconstruction*, 119–23, 425–44; Trelease, *White Terror*; Rosen, *Terror in the Heart of Freedom*; Emberton, *Beyond Redemption*; Prince, *Stories of the South*, 47–48, 53, 58–60, 62–65, 84; Egerton, *The Wars of Reconstruction*, especially 284–318; Parsons, *Ku-Klux*.

10. Edwards, *Gendered Strife and Confusion*, 39, 43–44, 47–54.

11. On the challenges slave fathers faced in parenting, see Riley, "'This Is the Last Time I Shall Ever Leave My Family,'" chapter 2.

12. On select works on slave family and marriage, see chapter 3, note 100. Laura Edwards recounts the centrality of family and marriage to freedpeople. Edwards, *Gendered Strife and Confusion*, 24–65.

13. On marriage and the reconstitution of family among freedpeople, see Hunter, *To 'Joy My Freedom*, 35–40, quotation on 38; Edwards, *Gendered Strife and Confusion*, 27–28, 31, 45–47, 54–65, 145–183; Farmer-Kaiser, *Freedwomen and the Freedmen's Bureau*, 149–62; Schwalm, *A Hard Fight for We*, 234–68.

14. On domestic tension in slave marriages, see Stevenson, "Distress and Discord in Virginia Slave Families," 103–24; Forret, *Slave against Slave*, 236–86.

15. *Georgia Weekly Telegraph and Georgia Journal and Messenger* (Macon), December 28, 1869; 1870 Census, Macon, Bibb County, Georgia, "Joseph E. Tripp." Neither Joe nor Lou is found in the 1880 Georgia census records. The modes of postemancipation suicides of African Americans varied. Some overdosed, as was the case with the death of Sarah Lee, a thirty-year-old woman of color who died by her own hands in Pittsylvania County, Virginia, in 1869. U.S. Federal Census Mortality Schedules, 1850–1885. Fannie Travis, an eighteen-year-old African American girl from Horse Pasture, Virginia, also poisoned herself. Death Index of Virginia, 1853–1896. An older African American man, sixty-year-old Alexander Banks, shot himself to death in Louisa County, Virginia, in 1869. U.S. Federal Census Mortality Schedules, 1850–1885. Gabriel Hill of South Carolina drowned himself in a stream on the plantation

belonging to John N. Wilson. "Inquest on the body of Gabriel Hill," April 28, 1868, Box 1, Court of General Sessions, Anderson County, Coroner's Inquisitions (1830–1928), SCDAH.

16. *Georgia Weekly Telegraph*, June 4, 1869, p. 3.

17. Edwards, *Gendered Strife and Confusion*, 178; Farmer-Kaiser, *Freedwomen and the Freedmen's Bureau*, 151–57; Schwalm, *A Hard Fight for We*, 234–48.

18. *Natchez (Miss.) Daily Courier*, June 19, 1866. Also reported in the *New Orleans Times*, July 2, 1866, p.2.

19. Blassingame, *The Slave Community*, 106, 108–10, 126–28, 158–61, 165, 170–79, 186–91, 251, 256–57, 262–66, 271; Stevenson, *Life in Black and White*, 239–44, 255–57.

20. Jeff Forret links slave masculinity to notions of honor. Forret, *Slave against Slave*, 287–331.

21. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2875, July 23, 1877, SCDAH.

22. Commitment Files, SCSH, Patient #2820 and #3020, March 27, 1877, June 13, 1878; Microfilm Reel #AD 673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), June 13, 1878, p. 70; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3, (September 24, 1875–September 2, 1877), Patient #3020 and #2820 March 27, 1877, June 13, 1878; Microfilm Reel AD #677, SCLA Admissions, Books (1828–1947), Patient #3020 and #2820, March 27, 1877, June 13, 1878, SCDAH.

23. Stevenson, "Distress and Discord in Virginia Slave Families," 123; Litwack, *Been in the Storm So Long*, 229–35; Rosen, *Terror in the Heart of Freedom*, 191; Williams, *Help Me to Find My People*, 140–68.

24. Commitment Files, SCSH, Patient #2992, April 9, 1878; Microfilm Reel AD #674, SCCHI, Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #2992, April 9, 1878; and, Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), Patient #2992, April 9, 1878, SCDAH. Another instance of suicidal behavior possibly linked to the marital complications freedmen and freedwomen faced after slavery occurred in Atlanta when an African American woman attempted to kill herself. The pithy newspaper report implied a connection to her husband's arrest on the charge of bigamy. *Atlanta Daily Sun*, November 29, 1871, p. 1.

25. *Atlanta Weekly Constitution*, September 26, 1871, p. 2; 1870 Census, Columbus, Georgia, "Margaret Crowell."

26. *Charleston News and Courier*, August, 2, 1883.

27. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2846 (2840); Commitment Files, SCSH, Patient #2840, April 25, 1877; and, Microfilm Reel AD #677, SCSH Admissions Books, Patient #2846 (2840), April 25, 1877, SCDAH. Graham died the next month. On slave reproductive health, see Long, *Doctoring Freedom*, 20–21.

28. Jordan, *White over Black*, 436; Fredrickson, *The Black Image in the White Mind*, 56–58.

29. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3220, October 1, 1879; Microfilm Reel AD #677, SCSH, Admissions Books (1828–1947), October 1, 1879; and, SCSH Commitment Files, Patient #3220, October 1, 1879, SCDAH. On the relationship between childbirth and mental illness, see Rehman, St. Clair, and Platz, "Puerperal Insanity in the Nine-

teenth and Twentieth Centuries"; Appleby, "Suicide during Pregnancy and in the First Postnatal Year"; Miller, "Postpartum Depression."

30. Microfilm Reel #673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), May 16, 1878, p. 58; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3007, May 16, 1878, p. 58; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), May 16, 1878; and SCSH Commitment Files, Patient #3007, May 16, 1878, SCDAH. For a nineteenth-century medical encapsulation of puerperal insanity, see Conolly, "Clinical Lectures on the Principal Forms of Insanity."

31. Stevenson, *Life in Black and White*, 248–49.

32. Steckel, "Birth Weights and Infant Mortality among American Slaves." See also Steckel, "Slave Mortality: Analysis of Evidence from Plantation Records." The child mortality rate among James Henry Hammond's slaves was shockingly high. Nearly 40 percent died before age one in the 1830s, and over 70 percent failed to live to age five. Rates improved, though, in subsequent decades. Faust, *James Henry Hammond and the Old South*, appendix, chart 5.

33. Schwartz, *Birthing a Slave*, 143–44, 153–71, 187–226; Fett, *Working Cures*, 26–27; Kenny, "Slavery, Southern Medicine, and the Slave Hospital Regime," 258–61.

34. Quoted in Downs, *Sick from Freedom*, 69.

35. Downs, *Sick from Freedom*, 65–94.

36. Microfilm Reel #AD 673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), July 27, 1878; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3043, #3189, July 26, 1878, August 7, 1879; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), July 26, 1878, August 7, 1879; and, SCSH Commitment Files, #3043, #3189, July 26, 1878, August 7, 1879, SCDAH. On the emotional and material importance of children to slave families, see Schwartz, *Birthing a Slave*, 10–12.

37. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3099, December 18, 1878; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), December 18, 1878; and, SCSH Commitment Files, Patient #3099, December 18, 1878, SCDAH; 1870 Census, Leavenworth, Darlington, South Carolina, "Jack Campbell."

38. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3234, October 23, 1879; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), October 22, 1879; and, SCSH Commitment Files, Patient #3234, October 22, 1789, SCDAH.

39. *Savannah Daily News and Herald*, June 1, 1867.

40. Downs, *Sick from Freedom*, 69–70; Schwartz, *Birthing a Slave*, 294–312.

41. *Columbus (Ga.) Daily Enquirer*, July 29, 1866, p. 3.

42. Vagrancy laws in the postwar South were utilized by Southern whites to control the region's formerly enslaved population and became part of the black codes under presidential Reconstruction. Foner, *Reconstruction*, 200, 593. Vagrancy laws were utilized before the war as well, frequently against poor white Southerners. Merritt, *Masterless Men*, 109–10, 184–86.

43. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro," 286.

44. Microfilm Reel #AD 673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), July 12, 1878, p. 83; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 1, August 15, 1879), Patient #3035, July 12, 1878; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), July 12, 1878, Patient #3035; and, SCSH Commitment Files, Patient #3035, July 12, 1878, SCDAH.

45. *Georgia Weekly Telegraph and Georgia Journal and Messenger* (Macon), April 26, 1870.

46. SCSH Commitment Files, Patient #2711, April 14, 1876, SCDAH. The reference to "debility of genital organs" hints that perhaps venereal disease contributed to a declined mental state. Seventeen-year-old Mahaffey was living in the household of Mahala and Thomas Sullivan, aged fifty-five and forty-six, in 1870. 1870 Census, Laurens County, South Carolina, "Thomas Sullivan." Masturbation, frequently cited as a cause of male insanity in the antebellum period, continued to appear as a contributing factor for psychological disorders in the second half of the nineteenth century, although with less regularity. While no African American man in the South Carolina asylum was identified as a Civil War veteran, it is possible some had served in the military and experienced war trauma symptoms. I could locate only one suicide of a known black veteran, that of Lt. F. C. Cull in Nashville, who had fought "bravely" at Shiloh and Fort Donelson and who was wounded in combat. *Nashville Daily Union*, February 13, 1865, in Garrett, comp., *Obituaries from Tennessee Newspapers*, 71.

47. Montgomery, *Memoir of Frank Alexander Montgomery*, 113.

48. *Tri-weekly Sumter (Ga.) Republican*, March 2, 1867, p. 2.

49. *Atlanta Daily Intelligencer*, June 30, 1867, p. 2.

50. *Petersburg Index*, February 27, 1867.

51. *New Orleans Times*, June 27, 1867.

52. Savitt, *Medicine and Slavery*, 248; Forret, "'Deaf and Dumb, Blind, Insane, or Idiotic,'" 533.

53. Savitt, *Medicine and Slavery*, 247–79. See also Grob, *Mental Institutions in America*, 249; Noll, *Feeble-Minded in Our Midst*, 91; Dain, *Disordered Minds*, 105–11.

54. Savitt, *Medicine and Slavery*, 260–64. See also Grob, *Mental Institutions in America*, 250.

55. Grob, *Mental Institutions in America*, 250–51; Cranford, *But for the Grace of God*, 28.

56. Thielman, "Southern Madness," 261; McCandless, *Moonlight, Magnolias, and Madness*, 75–77; Hughes, "Labeling and Treating Black Mental Illness," 439; Grob, *Mental Institutions in America*, 251, 254. For example, the Columbia, South Carolina, asylum admitted two "colored" females in 1860: Phebe (June 10, 1860) and Violet (July 27, 1860). Microfilm Reel AD #674, SCLA, Physicians' Record, SCDAH.

57. Thielman, "Southern Madness," 261, 273; Grob, *Mental Institutions in America*, 249, 251.

58. Grob, *Mental Institutions in America*, 251.

59. Silkenat, *Moments of Despair*, 42–43.

60. Grob, *Mental Institutions in America*, 249.

61. *Superintendent's Report of the Eastern North Carolina Insane Asylum,* 8. See also Roberts, "Insanity in the Colored Race," 251.

62. Babcock, "The Colored Insane," 164. A report by a physician at St. Elizabeth's Hospital in Washington, D.C., echoed the findings of Babcock over twenty years later. Bevis, "Psychological Traits of the Southern Negro with Observations as to Some of His Psychoses."

63. Ensor, "Report of the South Carolina Lunatic Asylum: 1871," 567. See also McCandless, *Moonlight, Magnolias, and Madness*, 218–20.

64. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro," 287.

65. Ibid., 289.

66. Buchanan, "Insanity in the Colored Race," 68.

67. "Proceedings of the Association of Medical Superintendents of American Institutions for the Insane" (1892), 251.

68. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro," 290–92. See also Cranford, *But for the Grace of God*, 45; Haller, "The Physician versus the Negro."

69. Rice, *Proceedings of the National Conference of Charities and Correction* (1888), 347.

70. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro," 292. See also "Proceedings of the Association of Medical Superintendents of American Institutions for the Insane" (1892), 251.

71. Summers, "'Suitable Care of the African When Afflicted with Insanity,'" 70.

72. "Miscellany." See also Roberts, "Insanity in the Colored Race," 249. Enrico A. Morselli's *Suicide* (1879) is an example of a social scientific approach to the problem of suicide through the lens of modernity and civilization. Other such European studies on this topic include Masaryk, *Suicide and the Meaning of Civilization*, and Strahan, *Suicide and Insanity*. Howard I. Kushner reviews this literature in two publications: "Suicide, Gender, and the Fear of Modernity" and "Suicide, Gender, and the Fear of Modernity in Nineteenth-Century Medical and Social Thought."

73. Summers, "'Suitable Care of the African When Afflicted with Insanity,'" 70–72.

74. Green, "Psychoses among Negroes, 699, 702."

75. Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro," 293.

76. Roberts, "Insanity in the Colored Race," 258–59. In 1880, the Eastern (Colored) North Carolina Insane Asylum in Goldsboro opened its doors. Silkenat, *Moments of Despair*, 42–43.

77. *Superintendent's Report of the Eastern North Carolina Insane Asylum*, 14–15. See also Silkenat, *Moments of Despair*, 41. Popular perceptions reflected professional medical opinion that blacks did not commit suicide. A Georgia newspaper well into the twentieth century published an obituary of a "negro preacher" named Frank Ivey who killed himself and remarked, "Suicide in the colored race is rarely ever known. This is the first in the history of this section." *Butler Herald*, March 5, 1912.

78. Hughes, "Labeling and Treating Black Mental Illness," 449.

79. Green, "Psychoses among Negroes," 703. On the rarity of black suicide, see also Buchanan, "Insanity in the Colored Race," 69.

80. GAR, GA. The medical histories of African American patients tend to be much more incomplete than those of white patients, so the underreporting of suicide could

well be linked to insufficient information about patient conditions and behaviors. Many blacks arrived (or were dumped on hospital grounds) with very little information. Another explanation could be that caregivers simply were not interested in black patient cases. Or, because they believed blacks as a race were not suicidal, they may not have even asked about suicidal activity. Racial classification here is based on record keeping that denoted "colored" as non-white or African American. No racial designation for patients was interpreted as "white" as was the custom at the time. A roughly three-year gap exists in the years surveyed, so figures do not include 1875–1877. Approximately 176 non-whites and 581 whites were admitted during these years. Designation of "suicidal" is defined as having attempted suicide or expressed a desire to take one's life before or at the intake session.

81. Roberts, "Insanity in the Colored Race," 259.

82. Green, "Manic-Depressive Psychosis in the Negro," 620.

83. Green, "Psychoses among Negroes, 703.

84. Hughes, "Labeling and Treating Black Mental Illness," 448.

85. Jefferson, *Notes on the State of Virginia*, 148.

86. Some African Americans also believed suicide to be a largely white phenomenon. Newell Ensley, a professor of rhetoric who had been born into a Tennessee slave family, delivered a speech in 1880 in which he identified three ways in which blacks differed from whites: they were neither skeptics nor "infidels," he claimed. Nor did they commit suicide. Simmons and Turner, *Men of Mark*, 366; Silkenat, *Moments of Despair*, 41.

87. Downs, *Sick from Freedom*, 74–77, 81–89, 146–52; McCandless, *Moonlight, Magnolias, and Madness*, 218–20.

88. It is possible that non-white patients could have been admitted earlier and their races simply went unrecorded.

89. Cranford, *But for the Grace of God*, 29–34.

90. Green, "Report of Superintendent and Resident Physician," 8.

91. GAR, March 7, 1868, p. 238, GA.

92. Ibid., April 2, 1868, p. 239, GA.

93. Ibid., August 10, 1867, p. 211, GA.

94. Ibid., July 26 and July 27, 1871, p. 297, GA.

95. Silkenat, *Moments of Despair*, 44.

96. McCandless, *Moonlight, Magnolias and Madness*, 219.

97. Conrad, "Report of the Central Lunatic Asylum for the Colored Insane, Virginia," 439. For a brief sketch of the history of Central Lunatic Asylum for the Colored, see "A Guide to the Records of Central State Hospital, 1874–1961."

98. Hughes, "Labeling and Treating Black Mental Illness," 445.

99. GAR, June 9, 1868, p. 244, GA.

100. Ibid., December 19, 1868, p. 263, GA.

101. Ibid., November [?],1867, p. 224, GA.

102. Ibid., September 5, 1867, p. 216, GA.

103. Ibid., July 8, 1868, p. 247, GA.

104. Ibid., September 12, 1868, p. 254, GA.

105. Ibid., August 25, 1868, p. 251, GA.

106. Ibid., July 20, 1868, p. 249, GA.

107. Ibid., July 13, 1868, p. 248, GA.

108. Ibid., September 30, 1867, p. 229, GA.

109. Ibid., July 14, 1868, p. 248, GA.

110. Ibid., March 5, 1868, p. 237, GA.

111. Ibid., March 5, 1868, p. 237, GA.

112. Ibid., November 26, 1867, p. 225, GA. See also the cases of Lewis Griffin and Mary Peeples. Griffin was received in Milledgeville from the Freedmen's Bureau Hospital in Augusta and had been mentally ill for five years; GAR, September 14, 1867, p. 218, GA. Peeples entered the Georgia asylum having suffered from a psychological malady for six years; GAR, September 13, 1867, p. 217, GA.

113. Superintendent's Report, Georgia State Lunatic Asylum, 1867, p. 8.

114. Record keeping at the Georgia Insane Asylum was much more informal than its counterpart in South Carolina. Moreover, a wider variety of asylum and patient records have been preserved in South Carolina than in Georgia, including orders for commitment, patient treatment records, lists of patients, and admissions and discharge registers, in addition to case histories. Specifically, the South Carolina records permit a more thorough examination of suicidal behavior among African American patients.

115. Figures collected from several asylum sources including Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915; Microfilm Reel #677, SCSH Admissions Books (1828–1947); and SCSH Commitment Files, all in SCDAH. Asylum case history forms did not begin a category for diagnosis until September 1875.

116. *Superintendent's Report of the Eastern North Carolina Insane Asylum*.

117. Randolph, "Central Lunatic Asylum for the Colored Insane," 193.

118. Commitment Files, SCSH, Patient #2839, April 22, 1877; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2839, April 22, 1877; and, Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), Patient #2839, April 22, 1877, SCDAH.

119. Commitment Files, SCSH, Patient # 3084, November 9, 1878; Microfilm Reel #AD 673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), November 9, 1878, p. 123; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3084, November 9, 1878, SCDAH.

120. Commitment Files, SCSH, Patient #3123, February 13, 1879; and Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3123, February 13, 1879, SCDAH.

121. Microfilm Reel #AD 674, SCSHI, Patient #3181, n.d.; Commitment Files, SCSH, Patient #3181, July 11, 1879, SCDAH.

122. Commitment Files, SCSH, Patient #2901 [2902], September 11, 1877; and Microfilm Reel #AD 674, SCHSI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879) Patient #2902, SCDAH.

123. Dunglison, *A Dictionary of Medical Science*, 567; Woodward, "Observations on the Medical Treatment of Insanity"; Hermsen, *Manic Minds*, 4–5, 19, 21, 24–29.

124. Witmer, "Insanity in the Colored Race in the United States," 23; Babcock, "The Colored Insane"; Buchanan, "Insanity in the Colored Race," 67–68; Summers,

"'Suitable Care of the African When Afflicted with Insanity,'" 69–74; Miller, "The Effects of Emancipation upon the Mental and Physical Health of the Negro"; O'Malley, "Psychoses in the Colored Race."

125. Commitment Files, SCSH, Patient #2975, March 5, 1878; Microfilm Reel #AD 673, SCLA, Patient Treatment Records, Vol. 4 (1877–1880), March 5, 1878, p. 32; Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 4 (September 6, 1877–August 15, 1879), Patient #2975, March 5, 1878; Microfilm Reel AD #677, SCSH Admissions Books (1828–1947), Patient #2975, March 5, 1878, SCDAH. The number of cotton bales Sanders claimed was stolen strains credulity. It is likely Sanders exaggerated, was misunderstood, or was delusional or there was a transcription error.

126. Affidavit to Procure the Examination of an Insane Person, Robert DeGraffenreid, April 15, 1876, Commitment Files, SCSH Patient #2709; and Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2709, April 15, 1876, SCDAH.

127. Affidavit to Procure the Examination of an Insane Person, Thomas Allston, Commitment Files, SCSH, Patient #2396, September 28, 1875; and Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2396, SCDAH.

128. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3247, November 12, 1879, SCDAH. [Name sometimes spelled Ownes.]

129. O'Malley, "Psychoses in the Colored Race," 327.

130. Green, "Psychoses among Negroes," 703.

Chapter 5

1. Soldiers in World Wars I and II were diagnosed with trauma-induced conditions known variously as shell shock, combat fatigue, dystrophy, and war neurosis. The literature on psychological trauma during both world wars is vast. A sampling includes Brown, "Between Cowardice and Insanity"; Sheehan, Roberts, Thurber, and Roberts, "Shell-Shocked and Confused"; Hyams, Wignall, and Roswell, "War Syndromes and Their Evaluation"; Strecker, "Military Psychiatry: World War I"; Bourke, "Effeminacy, Ethnicity and the End of Trauma"; Ingraham and Manning, "Psychiatric Battle Casualties"; Swank and Marchand, "Combat Neuroses"; Jones, "Historical Approaches to Post-Combat Disorders"; Kentsmith, "Principles of Battlefield Psychiatry"; Leed, "Fateful Memories"; Merridale, "The Collective Mind"; Mosse, "Shell-Shock as a Social Disease"; Roper, "Between the Psyche and the Social"; Stagner, "Healing the Soldier, Restoring the Nation"; Winter, "Shell-Shock and the Cultural History of the Great War"; Biess, *Homecomings*; Leed, *No Man's Land*, 163–92; Gabriel, ed., *Military Psychiatry*; Fussell, *Wartime*.

For works that address the impact of war-related trauma on Civil War soldiers, see Eric T. Dean Jr.'s *Shook over Hell* and his article "'His Eyes Indicated Wildness and Fear.'" Several recent studies of Civil War veterans make important contributions in taking seriously the psychological and emotional impact of the war. Jeffrey W. McClurken's monograph is a study of Confederate veterans and their families from one Virginia county. McClurken, *Take Care of the Living*, especially 118–42. James Mar-

ten's work, by contrast, is a broad sweep of Northern and Southern veterans in the Gilded Age. Marten, *Sing Not War*, notably 87–90. Brian Matthew Jordan's *Marching Home* challenges nostalgic interpretations of Union soldiers' return home, unmasking the challenges they faced that complicated and impeded reintegration to civilian life. While these monographs touch on mental health issues of veterans, war trauma and its effects are not the main focus of these historical studies. Only Dean's important book takes as its focus Civil War soldiers and the effects of war on their psychological health, and it is framed as a comparison with Vietnam War veterans. His book, though, is heavily skewed to Northern soldiers and their experiences, leaving us with little understanding of the psychological health and experiences of Confederate veterans. The most recent study of Civil War veterans is Cimbala, *Veterans North and South*. Lesley J. Gordon's microhistory of a Connecticut regiment finds a number of cases of suicide and insanity among its surviving veterans. Gordon, *A Broken Regiment*, 221–25. Articles considering the psychological impact of the war on Civil War soldiers include Andersen, "Haunted Minds"; Carmichael, "We Shall Never Any of Us Be the Same"; Fleming, "Living Casualties of War"; Bussanich, "'Will I Ever Be Fit for Civil Society Again?'"; Grant, "Former Confederate and Union Soldiers in Reconstruction," 173–74; McClurken, *Take Care of the Living*, 132.

2. Rachel Yehuda defines the core traumatic event of PTSD as one that has the capacity "to provoke fear, helplessness, or horror in response to the threat of injury or death." Symptoms include "major depression, panic disorder, generalized anxiety disorder, and substance abuse." Yehuda, "Post-Traumatic Stress Disorder," 108. Erin P. Finley expands on the three categories of symptoms laid out by Yehuda: (1) re-experiencing the event (haunted by memories of the traumatic event), for example, nightmares or flashbacks; (2) avoidance of reminders of the event, for example, emotional distancing or social isolation; and (3) hyperarousal or a heightened responsiveness to one's environment, which can manifest as insomnia, irritability, impaired concentration, and increased startle reactions. Finley, like most practitioners today, rejects a monolithic definition of PTSD and understands it to be a very complex diagnosis that is fluid and subject to interpretation. Finley, *Fields of Combat*, 2–49. See also Keane, Marshall, and Taft, "Posttraumatic Stress Disorder," 162; Dean, *Shook over Hell*, 5; Hendin and Haas, *Wounds of War*; Figley and Leventman, eds., *Strangers at Home*; McClurken, *Take Care of the Living*, 132–33; Marten, *Sing Not War*, 103.

Recent studies of war-related injuries further complicate PTSD diagnoses by showing that many symptoms associated with PTSD in soldiers overlap and often mimic those of traumatic brain injury (TBI)—headaches, dizziness, vertigo, cognitive impairment, depression, irritability, and impulsiveness—making a definitive diagnosis even more challenging. DeKosky, Ikonomovic, and Gandy, "Traumatic Brain Injury." Studies such as Steven T. DeKosky and colleagues' emphasize the interconnectedness between brain injury and psychological disorders brought on by warfare and suggest multiple causes of complex neurological and psychological impairment, including the concussion of explosives, emotional trauma, and stress brought on by witnessing the horrors of war, rendering "PTSD" at times an inaccurate or incomplete diagnosis. Anderson, "Shell Shock." Consequently, umbrella terms like "combat stress reaction" (CSR) and "acute stress disorder" (ASD) are preferred when discussing symptoms attributed to battlefield experience. Andersen, "'Haunted Minds,'" 149.

3. Phillips, *Diehard Rebels*.

4. Finley, *Fields of Combat*, 49.

5. On the difficulty veterans faced integrating in postwar Virginia, see McClurken, *Take Care of the Living*, 66–71.

6. On the conditions of devastation in the South after the war, see Grant, "Former Confederate and Union Soldiers in Reconstruction," 166–68. On the economic crisis in the South following the war, consult the contemporary account, "Suicide of War," *Advocate of Peace*, September/October 1865, p. 329.

7. Brian Matthew Jordan warns against overstating the sanguine homecoming held for victorious Union veterans. Jordan, *Marching Home*. Dean makes the same admonition. Dean, "'The Awful Shock and Rage of Battle,'" 160.

8. Eppes, *Through Some Eventful Years*, 278.

9. GAR, April 11, 1865, p. 127, GA. See Dean, *Shook over Hell*, 106, 108; Keane, Marshall, and Taft, "Posttraumatic Stress Disorder," 162–63.

10. Some historians argue that it is ahistorical for scholars, equipped with the twentieth-century knowledge of a recently identified psychiatric diagnosis, such as PTSD, to locate its presence in an earlier time period, and they warn against applying "modern categories to past actors." Hsieh, "'Go to Your Gawd like a Soldier,'" 552–59 (555); Clarke, "So Lonesome I Could Die," 254; Gallagher and Meier, "Coming to Terms with Civil War Military History," 492; Carmichael, "Relevance, Resonance, and Historiography," 182. Indeed, one must always be sensitive to the particular historical and individual contexts when considering how combat may have affected veterans psychologically, and therefore one should proceed cautiously with making connections between combat experience and mental illness (another term nineteenth-century Americans did not use). Stress-related disorders even today are not easily diagnosed; to think that a historian, on the basis of very limited evidence and over 150 years removed, could somehow diagnose a veteran with PTSD is naïve. But identifying patterns of behavior among Civil War veterans that are consistent with our understanding of the PTSD diagnosis is not the same thing as retroactively applying a PTSD diagnosis to Civil War veterans. Nor does such an approach assume that Civil War soldiers experienced war trauma in the same way as U.S. soldiers did in Vietnam. Undergirding my analysis is the assumption that stress is a universal response to combat regardless of time period. All soldiers experience stress and will respond to that stress in a variety of ways. What differs over time is how they and those around them make sense of that stress. Plentiful primary and secondary sources make abundantly clear that the Civil War triggered psychological disturbances in soldiers. The scholarship of Erin P. Finley informs my thinking on this matter. She concedes that PTSD is a very specific, complex diagnosis that is universally experienced, but that it is also shaped, interpreted, and received by various cultural contexts. Finley, *Fields of Combat*.

11. Similar observations were made in the North. Marten, *Sing Not War*, 87–88. See also Parigot, "Insanity in America" ("despondency and suicides have been frequent in districts where armies have fought").

12. Reported in the *Nashville Daily Press*, July 16, 1865, p. 2.

13. Smith, "A Report, to His Excellency Gilbert C. Walker, Governor of Virginia," 5.

14. *Daily Constitutionalist*, February 2, 1865. The asylum superintendent in Mississippi also remarked on the increased number of "cramped and crippled." Compton, "Proceedings of the Association of Medical Superintendents" (1873), 197. Ten years later, the Mississippi asylum superintendent continued to blame the Civil War for the rise in the asylum population. Rice, *Proceedings of the National Conference of Charities and Correction* (1888), 347. The superintendent of a Michigan asylum reported that quite a few Civil War veterans had been "reduced in mental and physical vigor" warranting institutionalization. Palmer, "The Colony System of Caring for the Insane," 159. Jeffrey W. McClurken makes the point that state-supported asylums after the war figured prominently in providing assistance for mentally ill veterans. McClurken, *Take Care of the Living*, 118–72

15. Microfilm Reel AD #677, SCSH Admissions Books, Patient #1869, May 2, 1871, SCDAH. Although released soon after, he reentered the South Carolina Lunatic Asylum in November 1872 and was treated for dementia. Microfilm Reel AD #677, SCSH Admissions Books, Patient #2059, November 28, 1872, SCDAH. On soldiers' exposure during the war, consult Meier, *Nature's Civil War*, 1, 3, 10–11, 14, 35–38, 46–53, 60, 71, 81–83, 86–87, 93–95,103–12.

16. Identifying asylum inmates who were Civil War veterans is no simple task. Sometimes hospital officials might reference a patient's experience as a soldier in admission records if it was deemed relevant, but more often than not, the historian is left to consult additional records to determine a patient's military records, and, too frequently, those sources are unable to confirm with certainty the military service background of male patients. This figure for the Milledgeville asylum, therefore, surely undercounts the number of veterans admitted there. GAR, April 1865–June 1872, GA.

17. Dean, *Shook over Hell*, 165–67.

18. GAR, November 26, 1866, p. 183, GA.

19. Ibid., March 30, 1867, p. 199, GA.

20. Ibid., August 21, 1871, p. 298, GA. Williams escaped from the asylum in 1873. 1870 and 1880 Censuses, Gwinnett County, Georgia, "John Williams." Williams was an officer in the 35th Georgia Infantry. On delusions, see Dean, *Shook over Hell*, 100–102. Enhanced startle reaction and hypervigilance for danger are associated with symptoms of PTSD. Keane, Marshall, and Taft, "Posttraumatic Stress Disorder."

21. *Petersburg Index and Appeal*, July 31, 1875. Pearman's service role during the war is murky. His widow, Martha, successfully filed a pension application in 1900 in which she falsely listed cause of death as "enlargement of the heart." She claimed that he had been "sent to Camp Lee," which functioned as a mustering ground. It is not clear that Pearman actually served as a soldier, though the pension board ruled favorably in his widow's application. Application of Martha E. Pearman, Petersburg, Virginia, March 7, 1900, Confederate Pension Rolls, Veterans and Widows, LVA, http://image.lva.virginia.gov/CP/html/12862.html. 1860 Census, Dinwiddie County, Virginia, "Joseph E. Pearman"; 1870 Census, Dinwiddie County, Virginia, "Joseph E. Pearman."

22. GAR, April 24, 1873, p. 405, GA; 1860 and 1870 Censuses, Talbot County, Georgia, "William Story." Neal Story appears in the 1880, 1890, and 1910 censuses of the Georgia asylum in Milledgeville; service records for Madison Story and O. N. C. Storey/Neil C. Story/Storey, both of the 46th Infantry Georgia, at Fold3.com.

23. Hendin and Haas, *Wounds of War*, 160–82 (160–161); Finley, *Fields of Combat*, 69–70.

24. Dean, *Shook over Hell*, 151. On other Civil War veterans who committed or attempted suicide, see 154–60. David Silkenat's work on suicide in postbellum North Carolina finds that at least two-thirds of (white) males who committed suicide after 1865 had served in the military. Silkenat, *Moments of Despair*, 57. For contemporary observations about the postwar rise in suicides, see *Memphis Daily Appeal*, May 4, 1879; *Atlanta Weekly Constitution*, June 20, 1876, p. 1; *Nashville Union and American*, August 6, 1871.

25. GAR, April 1865 to June 1872, GA.

26. GAR, [n.d.], 1866, p. 149, GA. Snelson was released and, in 1870, living in the household of fifty-nine-year-old Bethany Snelson. 1870 Census, Wilkes County, Georgia, "Bethany Snelson"; Evans, comp., *Albany, Georgia, Newspaper Clippings*, Vol. 3, 226 [newspaper not identified] (August 18, 1871). He appears in service records as Albinas N. Nelson, 7th Confederate Cavalry, Fold3.com.

27. *Richmond Times Dispatch*, May 23, 1872; 1860 Census, Powhatan, Virginia, "William F. [T.] Davis"; 1870 Census, Spencer Township, Powhatan, Virginia, "William T. Davis"; Application of Mrs. Elizabeth F. Davis, July 1, 1908, Alabama, Texas and Virginia Confederate Pensions, 1884–1958, at Ancestry.com. Davis's service record found at Fold3.com: William T. Davis, Company E, 4th Virginia Cavalry.

28. *Atlanta Daily Intelligencer*, May 8, 1867, p. 2; *Daily Dispatch*, May 4, 1867. A soldier named Private D. Crawley was interred at Oakwood Cemetery in Richmond, though his regiment and date of death are not indicated on his headstone making identification problematic. Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=91020178&ref=acom. A Daniel Crowley served in the 21st Alabama, but it impossible to know if he is the man who died by suicide in Virginia in 1867. Multiple spellings of the surname Crawley (Crowley, Canly) further impede a positive identification.

29. "Inquest on the body of Edward Winfield Weeks," August 28, 1866, Petersburg (city), Misc. Records, Coroner's Inquests, 1826–1936 broken series, Box 32, unbundled papers, State Records Center Annex, LVA; 1860 Census, East Ward, Petersburg, Virginia, "Edw. W. Weeks." Two service records exist for an Edward W. Weeks, one serving in the 12th Virginia Infantry, Company B, as a private, and the other in the 41st Virginia Infantry, Company E, as a private (CWSSS and Fold3.com). I believe Weeks enlisted in the 12th Virginia in April 1861, but was discharged for disability almost immediately. Several months later he enlisted in the 41st Virginia. But one year later he was discharged again. He was diagnosed with tertiary syphilis. Weeks married Margaret Thompson in Petersburg in May 1865. Virginia, Select Marriages, 1785–1940, Ancestry.com.

30. *Native Virginian* (Orange Court House, Va.), September 24, 1869. "Inquest on the body of C. N. Shannon," September 17, 1869, Lynchburg, Misc., Records/Court Records: Various Courts; Coroner's Inquests (1833–1880); Misc. Papers (1877–1878), Box 640, State Records Center Annex, LVA; 1860 Census, Western Division, Campbell County, Virginia, "Neal Shannon"; C. N. Shannon, cause of death: suicide, U.S. Federal Census Mortality Schedules, 1850–1885, Campbell County, Virginia, 1870, at

Ancestry.com. Shannon enlisted in 1861 into the 38th Battalion of the Virginia Light Artillery. Fold3.com.

31. GAR, April 26, 1866, p. 153, GA. Sharpe (Sharp) first entered the asylum on July 4, 1862 (p. 63), but was released. On the treatment and experiences of Civil War prisoners of war, consult Dean, *Shook over Hell*, 81–87, and McClurken, *Take Care of the Living*, 121, 124.

32. GAR, June 14, 1866, p. 158, GA.

33. *Columbus (GA.) Daily Enquirer*, April 24, 1866, p. 3; letter from William V. Taylor, M.D., October 29, 1863; letter from W. L. Scott, October 17, 1863; jacket of application for the appointment of examining board in case of Second Lieutenant Thomas Peters, October 17, 1863, Fold3.com.

34. On substance abuse of Vietnam veterans, see Herbert Hendin and Ann Pollinger Haas's *Wounds of War*, 183–99. In their study, 85 percent of Vietnam veterans with PTSD had or had had a serious problem with drugs or alcohol or both after their return (183). Stanton, "The Hooked Serviceman: Drug Use in and after Vietnam."

35. A South Carolinian [Belton O'Neall Townshend], "South Carolina Morals," 469. Alcohol abuse was rampant among Union veterans, too. James Marten asserts that at the Milwaukee Civil War soldiers' home, alcohol abuse posed the most serious health and disciplinary problem. Marten, "Nomads in Blue." See also Marten, *Sing Not War*, 104–20; Frueh and Smith, "Suicide, Alcoholism, and Psychiatric Illness among Union Forces"; Dean, *Shook over Hell*, 108–9: McClurken, *Take Care of the Living*, 66, 95–96, 125–26; Jordan, *Marching Home*, 3–4, 44–46, 48–50, 184–89. On drinking during the war, see Foote, *The Gentlemen and the Roughs*, 29–31.

36. See "The Hope of the South," 245. On drinking by Southern men before the war, consult Wyatt-Brown, *Southern Honor*, 278–81, and, Ayers, *Vengeance and Justice*, 14. After the war, see Censer, *The Reconstruction of White Southern Womanhood*, 86–87; McClurken, *Take Care of the Living*, 125–26; Bercaw, *Gendered Freedoms*, 82. On opium abuse in the South, refer to Courtwright, "The Hidden Epidemic." On excessive drug and alcohol in the postbellum South, see Somers, *The Southern States since the War*, 245–46; Hughes, "The Madness of Separate Spheres," 59–60. James Marten speculates that PTSD contributed to the high rates of alcoholism among members of Civil War soldiers' homes. Marten, "Nomads in Blue," 289.

37. Maria Louisa Fleet to Fred Fleet, January 25, 1867, in Fleet, ed., *Green Mount after the War*, 23.

38. Bleser and Heath, "The Clays of Alabama."

39. Painter, "Introduction: The Journal of Ella Gertrude Clanton Thomas," 17.

40. GAR, October 22, 1867, p. 222, GA. "B. W." was Benjamin W. Johnson who, in 1870, was no longer listed as head of household, a designation he likely lost because he was deemed "insane" in that census. 1860 Census, Emanuel County, Georgia, "Benjamin Johnson" and 1870 Census, Emanuel County, Georgia, "Benetta Johnson." Johnson served in the 54th Georgia Infantry and while sick for a time in 1863 served out the war. Fold3.com

41. Ibid., August 25, 1868, p. 251, GA.

42. Ibid., May 9, 1869, p. 272, GA. Dickson (also Dixon and Discon) served in the 63rd Georgia Regiment and was AWOL for a time. Records at Fold3.com.

43. Ibid., March 26, 1873, p. 397, GA.

44. Bonner, ed., *The Journal of a Milledgeville Girl*, 4; C. Macfarlane, *Reminiscences of an Army Surgeon*, 73, as quoted in Dean, *Shook over Hell*, 83 ("pitiable mass"); GAR, March 28, 1867, p. 198, GA ("gentlemanly").

45. GAR, April 3, 1867, p. 200, GA.

46. Ibid., August 31, 1865, p. 132, GA. Steele served in the 38th Georgia Infantry, Companies C and then M. Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 4, 239, and at Fold3.com.

47. *Petersburg Progress*, July 27, 1871.

48. *Weekly Sumter (Ga.) Republican*, May 2, 1873, p. 2. Though his name is listed as Grubb in the newspaper account, in all census listings, the family name appears as Grubbs. 1860 Census, Campbellton, Itawamba County, Mississippi, "Thomas J. Grubb"; 1870 and 1880 Censuses, Atlanta, Georgia, "Thomas J. Grubbs." See also the *Tri-weekly Sumter (Ga.) Republican*, May 14, 1870, for a published report on the number of fatalities nationwide linked to intemperance.

49. National Council on Disability, "Section 3: Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)."

50. Hishaw, "Concussions and Epilepsy: What Is the Link?"

51. GAR, May 1, 1873, p. 407, GA. Several sets of Georgia service records exist for John Garrett: Company G, 8th Georgia Infantry (mustered in Macon, near his home, Wilkinson County); John M. Garrett, Company K, 57th Georgia Infantry (on list of retired soldiers, Macon), though he enlisted in Savannah, quite a distance from Wilkinson County; and John Mann Garret, Company K, 31st Georgia Infantry, Dawson, Georgia (at Fold3.com).

52. Hickman, *The Secret Leprosy*, 22.

53. Day, *The Opium Habit*, 7. Marten, *Sing Not War*, 111. See also Hickman, *The Secret Leprosy*, 29, on Day. The popularization of the hypodermic syringe also hastened greater use of the narcotic.

54. Most historians today reject the popular notion that heightened Civil War use of narcotics contributed to the increase in addiction after the war. Hickman, "'Mania Americana,'" 1270. Forthcoming work examines reflections by physicians on their role in using opiates in medical practice during the Civil War, their responsibility for the opiate epidemic that followed, and their willingness to reform their treatment protocols. Jones, "'A Mind Prostrate.'"

55. Hickman, *The Secret Leprosy*, 33. Periodicals reported on the increase of opium imports into the United States before the war. *Scientific American*, June 29, 1867, p. 407; *New York Observer and Chronicle*, December 20, 1866, p. 405.

56. *Columbia (Mo.) Herald*, November 29, 1872; *Nashville Union and American*, November 21, 1872; Hancock, *Hancock's Diary*, 127, 20. The Missouri newspaper claim Ewing's leg was amputated at the Battle of Fort Pillow, which would have been April 1864. The Nashville account offered that Ewing had "for years suffered intensely from the effects of a bullet would received defending his life. Exposure in service during the late war greatly aggravated his sufferings, to relieve which he became addicted to the use of opium." Hancock's diary mentions Ewing being "very sick" and "low-spirited." Ewing, Hancock reported, seemed as if he had "just as soon as die as live." (128) A. G. Ewing was a captain in the 1st (McNairy's) Tennessee Cavalry Battalion, which later reorganized as the 2nd Regiment, also called the 22nd (Borteau's) Cavalry

(Tennessee Civil War GIS Project, http://tnmap.tn.gov/civilwar/unithistoriesvol1/C_1McNairy_Cav_Bn.pdf), at Fold3.com; 1850 Census, Davidson County, Tennessee, "Randal M. Erving"; 1860 Census, Seguin, Guadalupe, Texas, "M. V. Ewing." Nashville city directories from 1867 through 1872 show Ewing living in and around Nashville with various occupations. In 1868, he is listed as watchman for the Fourth National Bank, but in other years he is listed as "E & Company." In 1872, curiously, he appears as director of the First National Bank of Nashville, though no mention of that title appears in any obituary. U.S. City Directories, 1821–1989, Nashville, Ancestry.com. On the medicalization of opium addiction, see Marcus Aurin's "Chasing the Dragon." Aurin points out that addiction and alcoholism were regarded as both signifiers and agents of degeneracy (420).

57. Letter from E. Brown (wife) to Dr. John W. Parker, May 5, 1868, SCSH Commitment Files; and, Microfilm Reel AD #677, SCSH Admissions Books, Patient #1614, May 9, 1868, SCDAH. Given the pithy entry information and his common last name, it is impossible to document his service record.

58. Microfilm Reel AD #674, SCSHI Case Histories, 1875–1915, Vol. 3, Patient #2851, May 27, 1877, p. 210; Microfilm Reel #677, SCSH Admission Books, Patient #2851, May 27, 1877; SCSH Commitment Files, Case 106, Patient #2648, Richland County Estate papers; and, SCSH Commitment Files, Patient #2851, SCDAH. Green, a lawyer and former treasurer of South Carolina College, was tapped in 1850 by the state's governor to work on South Carolina's early legislative records. He volunteered for duty during the Civil War and served as quartermaster with the rank of major. Family members blame his deterioration on a "sabre-cut of excruciating, continuing agony." Green became a judge after the war, but by the 1870s he had become a problem for his family, as he had become addicted to opiates. Green spent six weeks at St. Luke's Hospital in New York to help him withdraw from opium, but he continued to experience difficulties, especially sleeping, which he appears to have dealt with by turning to alcohol. After at an event in 1877 to raise money for a Confederate monument where he took to the stage and acted erratically and inappropriately, his family committed him to the asylum in South Carolina where he remained until his death in 1881. In Lesser, *South Carolina Begins*, 192–94; Grant, "The Lost Boys," 242.

59. *Atlanta Constitution*, April 8, 1881. Although the newspaper account claimed Beach "held a position in the Confederate army," I could not locate his service records.

60. *Atlanta Daily Herald*, September 10, 1873, p. 2. Seven sets of Alabama military records exist under the name Thomas Jenkins, so his service cannot be determined with assurance.

61. *Atlanta Daily Intelligencer*, October 25, 1866, p. 1. A man named Clark Brown served in the 15th Georgia Infantry and was a POW for a time, though there is no way to verify that the two men are one in the same. Fold3.com. See also the case of John Charlton, a veteran of a Louisiana company, who killed himself in 1885 after drinking heavily. He had been separated from his wife and family, had lost his job as a bookkeeper, and had a severe drinking problem. Coski, "'I Have Some Diaries That I Would Like to Donate'"; John F. Charlton, four pocket diaries, 1860–1865, typed transcripts, Eleanor S. Brockenbrough Library, ACWM.

62. "Inquest on the body of John E. Jackson," July 28, 1873, Petersburg (city), Misc. Records, Coroner's Inquests, 1826–1936 broken series, Box 32, BC 1047087, unbundled papers, State Records Center Annex, LVA; *Petersburg Index*, July 29 and 30, 1873; 1870 Census, Prince George County, Virginia, "John E. Jackson"; Jackson served in the 12th Virginia Infantry, at Fold3.com.

63. Emerson, "Hellmira."

64. Cloyd, *Haunted by Atrocity*, 31–55; Linderman, *Embattled Courage*, 237–39, 257–59; Blight, *Race and Reunion*, 152–54, 183–85, 242–43; Janney, *Remembering the Civil War*, 129, 257–58. Issues of *Confederate Veteran* (available at Archive.org) are replete with memoirs of former Confederate prisoners and efforts to memorialize the dead at Union prison camps. See, for example, *Confederate Veteran* 1 (1893): 49–50, 155, 195, 300, https://archive.org/details/confederateveter01conf (accessed October 17, 2017). See also the firsthand prisoner account: Charles Wright, "The Treatment of Prisoners, Rock Island Prison, 1864–1865," Southern Historical Society Papers 1 (1876): 281–92. On POWs from both armies returning home, consult Grant, "Former Confederate and Union Soldiers in Reconstruction," 170–71. After the war, Jefferson Davis penned a defense of Southern prison camps while criticizing conditions of Northern camps, to which many veterans responded. *Southern Historical Society Papers* 1:3 (March 1876), http://en.wikisource.org/wiki/Southern_Historical_Society_Papers/Volume_01/March/Letter_from_President_Davis (accessed February 6, 2015). On the memories of Northern soldiers' experiences as prisoners of war, consult Jordan, *Marching Home*, 131–50. On Civil War soldiers' memories about prison camps after the war, see Blight, *Race and Reunion*, 152–54. For cases of Virginia POWs suffering psychologically, see McClurken, *Take Care of the Living*, 121. For an excellent account of conditions at Andersonville, turn to Gordon, *A Broken Regiment*, 145–73.

65. Neria, Solomon, and Dekel, "Adjustment to War Captivity"; Dean, *Shook over Hell*, 81–87.

66. Engdahl, Dikel, Eberly, and Blank, "Posttraumatic Stress Disorder in a Community Group of Former Prisoners of War," 1576, 1579, 1578, 1579; Dean, *Shook over Hell*, 81. For a historical study on the return of prisoners of war in the wake of defeat and the meaning and impact of their return, consult Biess, *Homecomings*, especially chapter 3, on the trauma of returned POWs. On the difficulties German POWs faced when returning to their families, see Heineman, *What Difference Does a Husband Make?*, 115–17.

67. Neria, Solomon, and Dekel, "Adjustment to War Captivity," 230.

68. On former Union prisoners in Southern prison camps, see Marten, *Sing Not War*, 88–89.

69. Microfilm Reel AD #677, SCSH Admissions Books, Patient #1593, February 18, 1868; Microfilm Reel AD #674, SCLA Physician's Record (1860–1874), February 18, 1868; and, Microfilm Reel AD #673 SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), Patient #1593, February 18, 1868, SCDAH. Dean reads his name as Alan F. Festner, which is how the name appears in the Physicians' Record. Dean, *Shook over Hell*, 272n9.

70. Correspondence from E. K. Kernison, Charleston, to Dr. Parker, August 6, 1866, SCSH Commitment Files; Microfilm Reel AD #674 SCLA, Physicians' Record

(186–1874), n.d., but after July 1866 and before November 1866; and Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), August 1866, p. 157, SCDAH.

71. GAR, September 19, 1866, p. 174, GA. Holt served in the 60th Georgia Infantry, Evan's Brigade, Gordon's Division. Service records at Fold3.com and in Henderson, comp., *Roster of the Confederate Soldiers of Georgia*, Vol. 6, 125. See also Georgia Pension Records, Indigent Pension, Bibb County, Iverson F. Holt, 1908, accessed at Georgia's Virtual Vault, http://cdm.georgiaarchives.org:2011/cdm/compoundobject/collection/TestApps/id/577988/rec/18.

72. GAR, August 9, 1865, p. 130, GA; Company K, 6th Georgia Infantry. Irish-born Keenan, aged twenty-two, lived in a Savannah boardinghouse before the war, so he probably married after the war. 1860 Census, Savannah, Chatham Count, Georgia, "Jerald Cullen." Keenan's service records can be found at Fold3.com.

73. GAR, November 26, 1866, p. 183, GA.

74. Ibid., April 13, 1871, p. 294, GA. Smallwood was listed in an 1870 census as "insane." 1870 Census, Cherokee County, Georgia, "David Garrison." He was a patient in the asylum as late as 1880. Census, 1880, Baldwin County, Georgia, State Lunatic Asylum. CSA service records list Smallwood as both a conscript and a deserter: 1st Georgia Infantry, in Fold3.com.

75. *Atlanta Daily Intelligencer*, May 2, 1867, p. 2; Clewell, *History of the Clewell Family*, 311; 1850 Census, Salem, Forsyth County, North Carolina, "David Clewell." Clewell's service records, F. C./Frank Clewell, 1st Regular Missouri Cavalry and 1st/3rd Consolidated Cavalry, at Fold3.com. Clewell's official death records are located in St. Louis City Death Records, 1850–1902, and Missouri, Death Records, 1834–1910, at Ancestry.com.

76. U.S. Federal Census Mortality Schedules, 1850–1885, at Ancestry.com; 1860 Census, Marshall County, Tennessee, "William G. Allen"; 1870 Census, Marshall County, Tennessee, "William Allen." William Allen's service records at Fold3.com: Company A, 4th Tennessee Cavalry. On Civil War prisoner camps, consult Speer, *Portals to Hell*. Prisoners faced a personal moral dilemma when offered parole in exchange for taking an oath. Gordon, *A Broken Regiment*, 164–66. Henry C. Lay complained of the dilemma the oath posed to former Confederates, explaining it as a matter of honor. Letter from Bishop Henry C. Lay, Little Rock, to unknown, July 27, 1868, Folder #60 (July–November 1868), Box 2, Correspondence 1865–August 1884, Henry C. Lay Papers, SHC, UNC.

77. *New York Times*, September 18, 1868; 1860 Census, Raleigh County, Virginia, "Henry M. Beckley." Service records found at Fold3.com: 45th Battalion, Virginia Infantry.

78. *Nashville Daily Union and American*, September 11, 1866; John M. Sumner, 9th Tennessee Infantry and 32nd Tennessee Infantry, Fold3.com.

79. Miller, *Empty Sleeves*, 126–27. On disabled veterans of the Civil War, see Marten, *Sing Not War*, 75–123; Jordan, *Marching Home*, 105–26.

80. Rosenburg, "'Empty Sleeves and Wooden Pegs,'" 204–6.

81. Ibid.; Miller, *Empty Sleeves*, 118, 133–35. On disabled Civil War veterans generally, consult Grant, "Former Confederate and Union Soldiers in Reconstruction," 171–72.

82. Rosenburg, "'Empty Sleeves and Wooden Pegs,'" 204–6, 212; Miller, *Empty Sleeves*, 125–26.

83. McClurken, *Take Care of the Living*, 49.

84. Miller, *Empty Sleeves*, 118–20.

85. Ibid., 117; Nelson, *Ruin Nation*, 161–227.

86. Miller, *Empty Sleeves*, 120.

87. Ibid., 111; Nelson, *Ruin Nation*, 179–200.

88. Miller, *Empty Sleeves*, 101–2, 105–8, 122–24.

89. See note 56 above, this chapter, for full reference on Ewing. *Columbia (Mo.) Herald*, November 29, 1872; *Nashville Union and American*, November 21, 1872; Hancock, *Hancock's Diary*, 128, 19. Ewing's service records note absences for sickness on three occasions but do not mention injury. Ewing served in the 2nd Tennessee Cavalry. Documents are available at Fold3.com.

90. In 1860, Campsen owned a gristmill valued at $10,000, with an additional $25,000 or so tied up in raw materials. He employed three workers, owned three slaves, and owned a planation outside Charleston. 1860 Census, Non-Population Schedule (Industry), "John Campsen," Ancestry.com. See also Mehrländer, *The Germans of Charleston, Richmond, and New Orleans*, 89, 92, 94, 171, 218, 225, 227, 228, 231, 234, 278, 292. Jeff Strickland generously shared some of his own research documents on Campsen with me.

91. *Charleston News and Courier*, June 24, 1883; *Watchman and Southron*, June 26, 1883; 1870 Census, Charleston, South Carolina, "J. H. Campsen"; 1880 Census, Lewisville, Chester County, South Carolina, "J. H. Campsen." The Charleston city directories lists the following positions for Campsen: wholesale commerce (1866); flour, grist, meal mills (1867); grist mill, wholesale commerce (1874); miller (1877). U.S. City Directories, 1821–1989, Charleston, Ancestry.com. Campsen's service in Captain Theodore Cordes's Cavalry, South Carolina Militia, is found at Fold3.com; "Inquest on the body of J. H. Campsen," June 23, 1883, pp. 313–14, Charleston County Coroner, Coroner's Inquisition Books, SCDAH.

92. *Petersburg Daily Index*, January 8, 1870. Scott served in the 13th and 5th Virginia Cavalry units. Fold3.com.

93. Daniel, *Recollections of a Rebel Surgeon*, 32–33. Joshua Lawrence Chamberlain, hero of the Battle of Gettysburg, lived with chronic pain from a war injury, which took a huge emotional toll that adversely affected his marriage, although few outside his close circle realized the full impact of his injury. Handley-Cousins, "'Wrestling at the Gates of Death.'"

94. Application for pension, Baldwin County, Georgia, January 2, 1888, Georgia's Virtual Vault, http://vault.georgiaarchives.org/cdm/compoundobject/collection/TestApps/id/614150/rec/1 (accessed October 30, 2017); application for pension, Elbert County, Georgia, January 16, 1888, Georgia's Virtual Vault, http://vault.georgiaarchives.org/cdm/compoundobject/collection/TestApps/id/614152/rec/2 (accessed October 30, 2017); GAR, June 22, 1872, p. 323, GA.

95. GAR, October 9, 1866, p. 176, GA. Seay was readmitted March 6, 1868, p. 237; 1870 Census, Atlanta, Fulton County, Georgia, "Ransom Seay."

96. Grant, "Former Confederate and Union Soldiers in Reconstruction," 173.

97. Smith, "Reported Deaths in Nineteenth-Century Jackson, Tennessee Newspapers: *Whig and Tribune*," March 9, 1872; 1860 Census, Madison County, Tennessee, "William Boykin"; 1870 Census, Lake County, Tennessee, "Thad H. Boykin." Service records of T. H. /Thad H. Boykin, Company D, 51st Tennessee Infantry; William P. Boykin and James E./J. E. Boykin, Company G, 6th Tennessee Infantry, at Fold3.com.

98. Handley-Cousins, "'Wrestling at the Gates of Death.'" For a discussion of English soldiers' difficult transition after World War I, consult Roper, "Between the Psyche and the Social."

99. McClurken, *Take Care of the Living*, 66–71, 137–38.

100. Edwards, *Gendered Strife and Confusion*, 110.

101. Whites, *The Civil War as a Crisis in Gender*, 132–59. Northerners also questioned Southern manhood after the war. Silber, *The Romance of Reunion*, 18–26. Jeffrey W. McClurken also emphasizes the importance of supportive families as the means to rebuild after the war. McClurken, *Take Care of the Living*, 51–54.

102. Foster, *Ghosts of the Confederacy*, 24–29.

103. On the implications of emancipation on white men, see Bercaw, *Gendered Freedoms*, 77–93.

104. Biess, *Homecomings*, 71.

105. Lebsock, *The Free Women of Petersburg*, 247–48.

106. Roper, "Between the Psyche and the Social."

107. *Nashville Republican Banner*, September 11, 1866; *Atlanta Daily Intelligencer*, September 5, 1866, p. 3; *Nashville Daily Union and American*, September 2, 1866; 1850 Census, Cincinnati, Ohio, "Henry Eenboom." Eenboom appears in the Memphis directory in 1865 as a cigar maker. In subsequent years, his widow, Mary E./Elizabeth Eenboom, continued to reside in Memphis. U.S. City Directories, 1821–1989, Memphis, Ancestry.com. Eenboom's service record is located at Fold3.com: Henry Enboom, Captain Baxter's Company, Light Artillery, and Captain Bibb's Company, Tennessee Artillery. It is worth noting that none of the news accounts actually referenced Eenboom's body, so it is possible that Eenboom never followed through with his suicide. Eenboom is variously spelled as Enboom, Euburg.

108. *Nashville Republican Banner*, September 11, 1866. Eenboom's service record, located at Fold3.com, relays his capture, escape, and unauthorized absence: Henry Enboom, Captain Baxter's Company, Light Artillery, and Captain Bibb's Company, Tennessee Artillery.

109. GAR, August 9, 1865, p. 130, GA.

110. Microfilm Reel #677, SCSH Admissions Books, Patient #2727, May 23, 1876; and SCSH Commitment Files, Patient #2727, May 22, 1876, SCDAH; 1860 Census, Edgefield County, South Carolina, "Nancy Gibson"; 1870 Census, Edgefield County, South Carolina, "Ambrose Gibson." On Gibson's Confederate service, see CWSSS (14th Regiment, South Carolina Infantry, Company B).

111. Microfilm Reel #674, SCSHI Case histories, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2757, October 4, 1876; Microfilm Reel AD #677, Admissions Books, Patient #2754, October 4, 1876; SCSH Commitment Files, Patient #2757, October 3, 1876, SCDAH; 1880 Census, Charleston County, South Carolina, "Eugenia Newton." Henry D. Newton appears not to be residing in the household as he is noted to

be "insane" and in the hospital. On Newton's Confederate service, see CWSSS (1st Battalion, South Carolina Infantry, Company A). Delusions are a common symptom of PTSD. Dean, *Shook over Hell*, 100–105.

112. On adultery committed by wives of Confederate soldiers, consult Bynum, *Unruly Women*, 119–20.

113. "Inquest on the body of John C. Sturtz," August 12, 1872, Petersburg (city), Misc. Records, Coroner's Inquests, 1826–1932 broken series, Box 32, BC 1047087, unbundled papers, State Records Center Annex, LVA. The foreign spelling of Sturtz was construed in a variety of ways throughout documents, so it is impossible to determine whether Sturtz served in the Confederate army, though his age in 1861, twenty-nine, suggests he likely would have served.

114. *Petersburg Index*, September 1 and 4, 1869; 1860 Census, Richmond, Henrico County, Virginia, "E. J. Hudson." Hudson's service records are found at Fold3.com: Ethelbert J./ E. J. Hudson, 1st Virginia Artillery Regiment, 5th Virginia Cavalry. Hudson was a graduate of Randolph-Macon College. See "Ethelbert James Hudson, Jr., Student, 1855–1856." This biographical sketch and the 1860 census identify Hudson as a druggist, but the newspaper account states he was a surgeon. Nothing in the Confederate service records indicates he performed medical duties. Also curious is Captain Garrett's letter endorsing Hudson's commission in which he claims Hudson had served in the U.S. Cavalry as an officer. In 1860, Hudson, aged twenty-one, was residing in Richmond with his parents and is identified as a druggist. He purportedly attended Randolph-Macon from 1855 to 1856. It is possible he served in the U.S. Cavalry, which he left to join the Confederate army, but it doesn't seem likely, especially since he was living in Richmond for the 1860 census.

115. For accounts of Buckner's suicide, see *National Police Gazette*, October 26, 1867; *Louisville Daily Courier*, October 11, 1867; Kelsey, Floyd, and Parsons, comps., *Miscellaneous Texas Newspaper Abstracts—Deaths*, Vol. 2, 334–35 (at Ancestry.com); 1850 Census, DeSoto County, Mississippi, "E. F. Buckner"; 1860 Census, Castroville, Medina County, Texas, "E. F. Buckner"; 1860 Census, Bandera County, Texas, "Thomas Buckner." Service records at Fold3.com: T. L./Thomas L. Buckner, 3rd Texas Cavalry and 2nd Texas Cavalry, and E. F. Buckner, 11th Texas Infantry. On Robert B. Buckner, see 1860 Census, Brandenburg, Meade County, Kentucky, "R. B. Buckner." Buckner died October 18, 1863. See Buckner Family Bible, digital image at Ancestry.com, http://trees.Ancestry.com/tree/4545023/person/-1585259561/photox/33a38e3e-b7fc-447a-92c0-8a53dbac486d?src=search (accessed October 30, 2017); also confirmed at Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=18639791 (accessed October 30, 2017), and in Kentucky Probate Records, 1727–1990, Meade, Will Records, Index, 1834–1889, Vol. B, pp. 189–92, images 110–11, FamilySearch.org, https://familysearch.org/pal:/MM9.3.1/TH-1951-20844-1542-43?cc=1875188&wc=M6QC-NTL:173547101,173568301 (accessed October 30, 2017).

116. *Savannah Daily News and Herald*, May 16, 1867; *Atlanta Daily Intelligencer*, May 14 1867, p. 1. See the service records for Samuel R. Harrison, Companies I, F, and S, 1st (Nelligan's) Louisiana Infantry, at Fold3.com. Harrison, resident of Vicksburg, Mississippi, also attended Cincinnati College. His age matches up exactly with the estimated age of Harrison at his death in May 1867. U.S., School Catalogs, 1756–1935,

Ancestry.com. On the 1st Louisiana Regiment, see National Park Service, http://www.nps.gov/civilwar/search-battle-units-detail.htm?battleUnitCode=CLA0001RI01 (accessed October 30, 2017).

117. *Weekly Sumter (Ga.) Republican*, September 24, 1875, p. 2; 1860 Census, Ellaville, Schley County, Georgia, "H. L. French"; 1870 Census, Americus, Sumter County, Georgia, "Hiram L. French." French's services records, Company B, 17th Georgia Infantry and 5th Battalion (State Guards), found at Fold3.com. I could not locate son H. B.'s service records, but the newspaper report indicates he died in the war. Burial records seem to confirm his death in February 1862. See "H. B. French," at Find A Grave website. [Hiram is also denoted as Hiriam and H.L. among sources].

118. *Petersburg Daily Post*, November 14 and 15, 1877; 1860 Census, Sussex County, Virginia, "Adolphus Herzog"; 1870 Census, Petersburg, Dinwiddie County, Virginia, "Adolphus Herzog." Herzog, at age thirty-five, served with the Sussex Riflemen for about a year, at which time he was discharged by order of the secretary of war to take a position as postmaster. Fold3.com.

Chapter 6

1. Sandage, *Born Losers*, 193–95. Also on Southern white men and debt after the war, see Bleser and Heath, "The Clays of Alabama," 149.

2. Andrews, *Memoirs of a Poor Relation*, 202.

3. Ibid., 30, 237–54, 258–60, 279–282.

4. *Richmond Examiner*, August 29, 1866; 1860 Census, Richmond, Henrico County, Virginia, "Sidnum Grady." Financial ruin was believed the cause of a number of Virginia veterans who entered the Western State Asylum after the war. McClurken, *Take Care of the Living*, 123–25.

5. *Georgia Weekly Opinion*, November 19, 1867, p. 2.

6. *Atlanta Weekly Intelligencer*, February 27, 1867, p. 3.

7. Sandage, *Born Losers*, 71.

8. Rotundo, 167–93.

9. Broun Diary, November 10, 1865, p. 47, SHC, UNC.

10. Rotundo, *American Manhood*, 177, and generally 167–93.

11. SCSH Commitment Files, Patient #3004, May 7, 1878; Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 4 (1877–1880), May 7, 1878, p. 55; and, Microfilm Reel AD #674, SCSHI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3004, May 7, 1878, SCDAH.

12. Microfilm Reel #677, SCSH Admissions Books, Patient #2950, December 26, 1877; Microfilm Reel #674, SCSHI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #2950, December 26, 1877, p. 51; and SCSH Commitment Files, Patient #2950, December, 26 1877, SCDAH.

13. Sandage, *Born Losers*, 232.

14. GAR, April 6, 1866, p. 151, GA.

15. Ibid., December 26, 1867, p. 228, GA.

16. *Richmond Whig*, September 1, 1865; Norfolk Post, September 1, 1865; 1860 Census, Petersburg, Dinwiddie County, Virginia, "Joseph H. Burton." Some Civil War

rosters claim he served in Brooks' Battalion, but that is unlikely because that unit was composed of former Union POWs. On Petersburg during the siege, see Lebsock, *The Free Women of Petersburg*, 244–46.

17. *Atlanta Daily Sun*, June 9, 1871, p. 2.

18. *Petersburg Index*, April 30, 1869; 1850 Census, Northampton, North Carolina, "Hartwell Harding"; 1860 Census, Northampton, North Carolina, "Hartwell Harding." James B. Harding, Company D, 54th North Carolina Infantry. Several service records can be found for William Harding (various spellings), but it is not clear whether any of these are Hartwell's son. Son William was only seventeen when the war broke out, but his military service cannot be confirmed. Both sets of military documents can be found at Fold3.com.

19. *Atlanta Daily Intelligencer*, June 15, 1866, p. 2; *Macon (Ga.) Daily Telegraph*, June 15, 1866, p. 3; *Macon Weekly Telegraph*, June 18, 1866, p. 4; *New Orleans Times*, June 15, 1866, p. 1; 1860 Census, Washington, D.C., "Samuel Hanson."

20. GAR, February 3, 1865, pp. 124–25, GA; 1860 Census, Randolph County, Georgia, "Lemon Dunn." Although the 1860 census records no real or personal property for Dunn, his thirty-one-year-old son, Jacob, claimed $2,500 in personal wealth and $1,000 in real property.

21. GAR, December 23, 1866, p. 186, GA.

22. Ibid., January 24, 1867, p. 190, GA.

23. Ibid., June 26, 1867, p. 209, GA.

24. Ibid., December 25, 1868, p. 263, GA.

25. McClurken, *Take Care of the Living*, 46–47.

26. *Richmond Daily Dispatch*, January 18, 1871; 1860 Census, King George County, Virginia, "Charles A. Berry"; 1870, King George County, Virginia, "Charles A. Berry." Service records for Charles A. Berry, 9th Regiment Virginia Cavalry, at Fold3.com. Service records indicate Berry spent considerable time as a prisoner of war.

27. *Natchez (Miss.) Daily Courier*, February 13, 1867; 1860 Census, Middleton, Carroll County, Mississippi, "William Barrow"; 1870 Census, Carroll County, Mississippi, "Narcis Parrow." Service records of J. C./James C. Barrow, Company B, 18th Mississippi Infantry, and George M./G. M. Barrow, Company K, 30th Mississippi Infantry, at Fold3.com.

28. SCSH Commitment Files, Patient #2693, February 12, 1876; Microfilm Reel #677, SCSH Admissions Books, Patient #2693, February 17, 1876; and Microfilm Reel AD #674, SCSHI Case Histories, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2693, February 17, 1876, SCDAH; 1860 Census, Lexington County, South Carolina, "R. Gunter"; 1870 Census, Lexington County, "Rivers Gunter."

29. SCSH Commitment Files, Patient #2760, October 21, 1876; Microfilm Reel AD #677, SCSH Admissions Books, Patient #2760, October 21, 1876; and Microfilm Reel AD #674, SCSHI Case Histories, Vol. 3 (September 24, 1875–September 2, 1877), Patient #2760, October 21, 1876, SCDAH.

30. SCSH Commitment Files, Patient #3012, June 19, 1878; Microfilm Reel AD #674, SCSHI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient # 3023, June 19, 1878, p. 124; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3023, June 19, 1878; and, Microfilm Reel AD #673 SCLA, Patient Treatment Records, Vol. 4 (1877–1880), SCDAH.

31. *Weekly Sumter (Ga.) Republican*, September 6, 1878, p. 2.

32. "Inquest on the body of Emil Wacker," February 14, 1871, Richmond (city), Misc., Coroner's Inquests, Executions, 1878–1879/Official Oaths, 1860–1925, Box B5, State Records Center Annex, LVA; January 31, 1871, Manuscripts, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 8, LVA; CWSSS; *Richmond Daily Dispatch*, February 2, 1871.

33. *National Police Gazette*, March 2, 1867, citing a Mobile newspaper; *Atlanta Daily Intelligencer*, February 14, 1867, p. 2; *Daily Constitutionalist*, February 19, 1867; *Memphis Daily Advocate*, February 16, 1867; 1860 Census, Mobile, "Martin Gilgan." U.S. City Directories, 1821–1989, Mobile; Alabama, Select Marriages, 1816–1957; Alabama State Census, 1820–1866, Mobile, 1866, at Ancestry.com. Gilgan appears to have served in two different Mobile units: Company E, Cadet Rifles, 2nd Alabama Militia, and Company C, Alabama State Artillery. Gilgan's service records at Fold3.com.

34. *Gardner v. Lamback*, 47 Georgia 133 (July 1872), WL 2805 (accessed through Westlaw, February 5, 2009). This case arises from a challenge to the sanity of Lamback at the time he drew up his will. Delusional fears about losing fortunes due to the war were not restricted to Southern men. In 1862, E. P. Christy, founder of "Christy's Minstrels," jumped out of a window in his New York home, driven to insanity by worries that his $200,000 fortune would be lost with a Confederate invasion. *Nashville Dispatch*, May 17, 1862. Robert C. Kenzer relays a similar story of the wealthiest planter in Orange County, North Carolina, who complained bitterly of his diminished wealth following the Civil War. Although he groused that his family had been impoverished and that he was "hardly able to take care of" himself, by most contemporary standards he was still very well-off. A relative who seemed irked by his pronouncements of poverty wondered if he ought "not to be 'real poor' just for [a] while to see how it feels." Kenzer, *Kinship and Neighborhood in a Southern Community*, 103–4. McClurken identified veterans in Virginia's Western State Asylum whose delusions centered on wealth and money. McClurken, *Take Care of the Living*, 130.

35. SCSH Commitment Files, Patient #3093, November 30, 1878; Microfilm Reel AD #674, SCSHI Case histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3093, November 3, 1878, p. 194; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3093, November 3, 1878; and, Microfilm Reel AD #673 SCLA Patient Treatment Records, Vol. 4 (1877–1880), November 30, 1878, p. 132, SCDAH.

36. Microfilm Reel AD #677, SCSH Admissions Books, Patient #2710, April 17, 1876; Microfilm Reel AD #674, SCSHI Case Histories, Patient #2710, April 17, 1876; and SCSH Commitment Files, Patient #2710, April 17, 1876, SCDAH.

37. Microfilm Reel AD #677, SCSH Admissions Books, Patient #2351, June 11, 1875; and SCSH Commitment Files, Patient #2351, June 4, 1875, SCDAH; Census 1870, Oconee County, South Carolina, "A. McAlister."

38. *Staunton (Va.) Spectator*, May 25, 1869, p. 2.

39. "Inquest over the body of Woodson W. Jones," February 28, 1874, Richmond (city), Misc., Coroner's Inquests, Executions, 1878–1879/Official Oaths, 1860–1925, Box B5, 1860–1925, BC 1048050, State Records Center Annex, LVA.

40. *New York Times*, December 26, 1874.

41. On ex-Confederates coping with the loss of the war, see McClurken, *Take Care of the Living*, 51.

42. Evans, comp., *Baldwin County, Georgia, Newspaper Clippings (Union Recorder)*, Vol. 9, 278 (February 4, 1868); Kilbourne, comp., *Terrell County, Georgia, Newspaper Clippings*, Vol. 1, 93 [newspaper not identified] (Thursday, February 8, 1868).

43. *New York Times*, May 9 and 17, 1867; *Sacramento Daily Union*, May 11, 1867.

44. Evans, comp., *Baldwin County, Georgia, Newspaper Clippings (Union Recorder)*, Vol. 9, 255 (August 13, 1867); *Daily Intelligencer*, August 7, 1867, p. 2; 1860 Census, St. Peter's Parish, Beaufort County, South Carolina, 'Benjamin Thompson'; Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1969), August 4, 1867, p. 202; and, Microfilm Reel AD # 674, SCLA Physician's Record (1860–1874), August 5, 1867, SCDAH.

45. *Macon (Ga.) Telegraph*, April 7 and 10, 1865; *New York Times*, May 1, 1865. Numerous sources, including the Florida state archives (http://dos.myflorida.com/florida-facts/florida-history/florida-governors/john-milton) report the quotation as part of his final message to the state legislature, though I have not been able to confirm the original source. See also Brown, "The Civil War, 1861–1865," 245.

46. Evans, comp., *Macon, Georgia, Newspaper Clippings (Messenger)*, Vol. 9, 122 (Wednesday, May 22, 1867). See also Evans, comp., *Baldwin County, Georgia Newspaper Clippings (Union Recorder)*, Vol. 9, 242 (Tuesday, May 21, 1867). The account published in the *Georgia Weekly Telegraph*, May 17, 1867, however, makes no mention of political reasons but points to a belief that Taylor was edging toward insanity and chose death rather than being committed to an asylum.

47. *Louisville Daily Journal*, May 11, 1865; *Georgia Weekly Telegraph*, May 17, 1867, p. 2.

48. *Petersburg Index*, August 6 and 7, 1872; Dailey, "The Elections of 1872 in North Carolina."

49. *Atlanta Weekly Intelligencer*, February 1, 2, and 3, 1870.

50. Hacker, "A Census-Based Count of the Civil War Dead."

51. Nasaw, "Who, What, Why: How Many Soldiers Died in the US Civil War?"; Downs, "Color Blindness in the Demographic Death Toll of the Civil War." Gary W. Gallagher and Kathryn Shively Meier obliquely reference the issue of Civil War dead in endnotes by citing the challenge by Nicholas Marshall to Hacker's figures. Gallagher and Meier, "Coming to Terms with Civil War Military History," 492, 505n16; Marshall, "The Great Exaggeration: Death and the Civil War." Hacker carefully parses the methodology Marshall employs in "Has the Demographic Impact on Civil War Deaths Been Exaggerated?"

52. Quoted in Nasaw, "Who, What, Why: How Many Soldiers Died in the US Civil War?"

53. In 1990, Maris A. Vinovskis asserted that about 258,000 Southern soldiers died fighting for the Confederacy, or about 18 percent of Southern white males between the ages of thirteen and forty-three. Vinovskis, "Have Social Historians Lost the Civil War?" 6–7. Both James M. McPherson and Gary W. Gallagher believe this figure too low, with McPherson speculating the rate closer to 31 percent and Gallagher about 25 percent. Faust, *This Republic of Suffering*, 274n2. Hacker demurs from proffering

an estimate of Confederate dead, explaining that the split loyalties in border states and migration make estimates quite unreliable. Hacker, "A Census-Based Count of the Civil War Dead," 342–43.

54. McClurken, *Take Care of the Living*, 51–52.

55. Letter from Malvina Bates to Dr. Parker, superintendent of asylum, July 1, 1867; declaration of insanity, signed by Drs. Lockwood and Horsay (sp.?), Charleston, June 18, 1867; acknowledgment of financial responsibility for Edmund Bates's continued hospitalization, October 5, 1870, SCSH Commitment Files, June–July 1867, October 1870; Microfilm Reel AAD #677, SCSH Admissions Books, June 25, 1867, SCDAH. According to Malvina Bates, their only son, Henry, died near Petersburgh during the war.

56. 1860 Census, Charleston, "Edmund Bates"; 1870 Census, Charleston, "M. Bates"; 1870 Census, Columbia, Richland County, Insane Asylum, "E. Bates"; and 1880 Census, Charleston, "Malvina Bates." Edmund died in 1876 of "apoplexy." Record for Edmond Bates in South Carolina Death Records, 1821–1965, Ancestry.com.

57. Letter from Penelope Pryor to Captain S. G. Pryor (August 28, 1862), in Adams, ed., *A Post of Honor*, 240.

58. *Weekly Sumter (Ga.) Republican*, July 15, 1870.

59. Letters from Billy Batts written during the war are available at: Jane Bonner Peacock, ed., "Collections of the Georgia Historical Society: A Foot Soldier's Account. Letters of William Batts, 1861–1862," Georgia Historical Quarterly 50:1 (March 1966): 87–100. News accounts of Batts's suicide found at *Weekly Sumter (Ga.) Republican*, May 24, 1878, p. 3, and *Columbus (Ga.) Daily Enquirer-Sun*, May 23, 1878, p. 3; 1860 Census, Starkville, Lee County, Georgia, "John Batts"; 1870 Census, Lee County, Georgia, "John Batts." Service records for William Batts: Company A, 12th Georgia Infantry, found at Fold3.com. John Batts's pardon (September 25, 1865) can be found at Fold3.com under Confederate Amnesty Papers. The will of John Batts and the contestation of that will are located at Georgia Probate Records, 1742–1990, Lee Wills, 1854–1955, images 81–81, at FamilySearch.org. The case of John Batts received popular attention when the television series *Who Do You Think You Are?* aired an episode in 2013 featuring Paula Deen, a descendant of John Batts. The *Dead Confederates, a Civil War Era Blog*, authored by Andy Hall, featured an expansion of the issues brought to light in that program and included original sources. I relied on those sources, as well as the others cited above, in reconstructing the details of Batts's life. Hall, "The White Lies of Paula Deen."

60. *Petersburg Index*, August 3, 1869; 1850 Census, Buncombe County, North Carolina, "Joseph Gudger"; 1860 Census, Buncombe County, North Carolina, "Joseph Gudger"; U.S. Federal Census Mortality Schedules, 1850–1885, Joseph Gudger, Ancestry.com; 1860 Census, Buncombe County, North Carolina, "[James] Mc[Ree] Gudger"; 1870 Census, Buncombe County, North Carolina, "James Mc[Ree] Gudger"; 1860, Buncombe County, North Carolina, "Samuel Gudger"; 1870 Census, Buncombe County, North Carolina, "Martha Gudger"; 1870 Census, Davidson, Iredell County, North Carolina, "Joseph Gudger." Service records for Joseph's sons: Robert V. Gudger, Company E, Buncombe Rifles, 1st Regiment North Carolina Regulars; Jesse S. Gudger, Company H, 25th North Carolina Infantry; John P. Gudger, Company K, 11th North Carolina Regiment (Bethel Regiment). Records for his grandsons:

William McRee Gudger, Charles C. Gudger, James M. Gudger, and David M. Gudger, all in Company F, 14th North Carolina Infantry. Service records at Fold3.com. Burial records of Joseph Young Gudger and his wife, Elizabeth McRee Gudger, at Find A Grave website.

61. *Atlanta Daily Intelligencer*, April 18, 1866, p. 2; 1860 Census, Augusta, Richmond County, Georgia, "Henry H. Cumming." Two family accounts of the Cummings were penned in the postwar years: Joseph Bryan Cumming, Henry's son, authored *A Sketch of the Descendants of David Cumming and Memoirs of the War between the States*, and Joseph Bryan's wife, Katharine Hubbell Cumming, authored *A Northern Daughter and a Southern Wife*. The service records for the Cumming sons are available at Fold3.com: Alfred, Companies F and S, 10th Georgia Infantry, promoted to brigadier general in 1862; Thomas, Company K, 20th Georgia Infantry and 16th Georgia Infantry; Joseph B., Companies A and I, 5th Georgia Infantry; Harford M., Company A, 5th Georgia Infantry, transferred to medical department; and Julian, Companies F and S, 48th Georgia Infantry. On wartime Augusta, see Whites, *The Civil War as a Crisis in Gender*, especially 133, on Henry H. Cumming.

62. Cumming, *A Sketch of the Descendants of David Cumming*, 19–24, quotations taken from 19–20; Whites, *The Civil War as a Crisis in Gender*, 132–37.

63. *Columbia (S.C.) Daily Phoenix*, June 21, 1872; 1860 Census, Nacogdoches, Texas, "Mark Ridgell"; 1870 Census, Nacogdoches, Texas, "Marcus Ridgell"; 3rd Brigade, Texas State Troops, Company B, Fold3.com; 1850 Census, Lexington County, Leesville, South Carolina, "Joel Ridgell"; 1860 Census, Lexington County, Leesville, South Carolina, "Joel Ridgell"; 1870 Census, Lexington County, Batesburg, South Carolina, "Joel Ridgel." Service records for Ridgell brothers at Fold3.com: Norris Thomas Ridgell, 19th South Carolina Infantry, Company F; A. Felix Ridgell, 14th South Carolina Infantry; Tutor/Tudor/T. T. Ridgell, 14th South Carolina Infantry [As of December 1864, Tudor was alive and in the army, but there is no evidence of his status in 1865. Family records claim he was killed during the siege of Petersburg, which would have to have been early 1865. Tudor cannot be located in census records after 1860. Still, his death cannot definitively be situated during the war.]; John B./J. B. Ridgell, 7th South Carolina Infantry; Daniel Ward/D. W. Ridgell, 1st Regiment and 7th South Carolina Infantry; William C./W. C. Ridgell, 7th South Carolina Infantry, Company E. Ridgell Family records found at Family Tree Maker, http://familytreemaker.genealogy.com. Family sources claim Tudor died at Petersburg, but I cannot verify his death. His service records do stop before the end of the war, but no records indicate his death during the war. Family records also date the death of patriarch Joel Ridgell at 1870. Burial records confirm his death in 1870. Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GSln=Ridgell&GSiman=1&GSst=43&GRid=24347695&. On "survivor's guilt" during the Civil War, consult Grant, "Former Confederate and Union Soldiers in Reconstruction," 173.

64. Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–69, 1874), July 4, 1866, p. 153; and, Microfilm Reel AD #674, SCLA Physicans' Record, July 4, 1866; Microfilm Reel AD #677, SCSH Admissions Books, Patient #1468, July 4, 1866, SCDAH.

65. Ruth Huntington Sessions, *Sixty-Odd: A Personal History*, quoted in Marten, *The Children's Civil War*, 3.

66. Marten, *The Children's Civil War*, 116–17, 123, 205–7.

67. *Maryland Medical Journal* 18 (November 26, 1887): 75, Google Books, http://books.google.com/books?pg=PA75&dq=american+journal+of+insanity+civil+war&ei=xSokT6L9IobhogGH8eTLCA&id=PSGgAAAAMAAJ&output=text.

68. *Weekly Sumter (Ga.) Republican*, May 7, 1875; 1860 Census, Hancock County, Georgia, "W. H. Burnett"; *Atlanta Constitution*, September 25, 1906; Georgia, Civil War Muster Rolls, 1860–1864, Ancestry.com. William Burnett served in the 37th Georgia Infantry, Fold3.com.

Chapter 7

1. The literature on the Lost Cause is vast, but important works that touch on the lionization of white women after the war include Rubin, *A Shattered Nation*, and Gardner, *Blood and Irony*. Southern white women incurred a reputation for stubbornly resisting coming to terms with surrender and peace. Janney, *Remembering the Civil War*, 53–54, 233–34, 238–51; Janney, *Burying the Dead but Not the Past*, 153–56; Foster, *Ghosts of the Confederacy*, 15; Silber, *The Romance of Reunion*, 26–28; Gardner, *Blood and Irony*, 45; Culpepper, *All Things Altered*, 17–19; Cox, *Dixie's Daughters*.

2. For just one example see Andrews, *The Women of the South in War Times*.

3. Eggleston, *A Rebel's Recollections*, 74. On the despair that enveloped the South after the war, see Foster, *Ghosts of the Confederacy*, 12–13; Culpepper, *All Things Altered*, 43–79.

4. Wyatt-Brown, *The Shaping of Southern Culture*, 252.

5. Eggleston, *A Rebel's Recollections*, 74. On the belief that women had suffered more than men as a result of the war, consult Gardner, *Blood and Irony*, 111.

6. Underwood, *Women of the Confederacy*, 25.

7. Eggleston, *A Rebel's Recollections*, 74. The purported resiliency of white women after the Civil War contrasted frequently to representations of the dejected comportment of Confederate men. See, for example, Underwood, *Women of the Confederacy*, 25–26, and Eggleston, *A Rebel's Recollections*, 75 ("The men came home moody, worn out, discouraged"). For secondary sources on this point, consult Gardner, *Blood and Irony*, 69, and Whites, *The Civil War as a Crisis in Gender*, 148.

8. Foster, *Ghosts of the Confederacy*, 124–25.

9. Faust, *Mothers of Invention*, 32–35, 78–79, 121, 137.

10. McCurry, *Confederate Reckoning*, especially 77–132.

11. This chapter has been greatly informed by scholarly works on post–World War II Germany, in particular, Kuhn, "Power and Powerlessness: Women after 1945"; Heineman, *What Difference Does a Husband Make?*; Heineman, "The Hour of the Woman"; and Grossman, *Jews, Germans, and Allies*.

12. An excellent summary of white Southerners' reaction to defeat can be found in Wyatt-Brown, *The Shaping of Southern Culture*, 230–54.

13. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 714 (June 26, 1865).

14. Anderson, ed., *Brokenburn: The Journal of Kate Stone*, 344 (May 20, 1865), 362 (October 10, 1865).

15. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 713 (June 26, 1865).

16. Broun Diary, September 21, 1867, p. 49, SHC, UNC.

17. Quoted in Gardner, *Blood and Irony*, 39.

18. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 713 (June 26, 1865).

19. Anderson, ed., *Brokenburn: The Journal of Kate Stone*, 339–40 (May 15, 1865).

20. "The Diary of Elvira Bruce Seddon," part 2, April 11, 1865, 11.

21. Quoted in Culpepper, *All Things Altered*, 16.

22. Diary of Octavia Wyche Otey, Wyche and Otey Family Papers, Folder 43, December 5, 1868, p. 180, SHC, UNC (hereafter Otey Diary).

23. Ibid., Folder 48, May 3, 1876, pp. 31–33.

24. Foster, *Ghosts of the Confederacy*, 37–38 (37).

25. McDonald, *A Woman's Civil War*, 242 (August 1865).

26. McPherson, *Ordeal by Fire*, 476.

27. Culpepper, *All Things Altered*, 47.

28. Jeffrey W. McClurken has calculated the economic impact of the war on veteran households in one Virginia county and found that the value of real and personal property dropped nearly 82 percent from 1860 to 1870. McClurken, *Take Care of the Living*, 46.

29. Otey Diary, February 8, 1868, p. 139, SHC, UNC. Also on the state of the postwar Southern economy, consult Marten, *Sing Not War*, 62–64. One measure of the extent of deprivation in the postwar years is the number of people reliant on public or private support for food. Officials in Montgomery, Alabama, in 1867, for example, received food requests from over 40,000 people. Culpepper, *All Things Altered*, 58.

30. On the extent of starvation in the postbellum South, see Wyatt-Brown, *The Shaping of Southern Culture*, 250.

31. McDonald, *A Woman's Civil War*, 239 (June 1865); 241–42 (August 1865); 244 (October 1865).

32. Ibid., 239 (June 1865).

33. Marszalek, ed., *The Diary of Miss Emma Holmes*, 485 (February 7, 1866).

34. *Weekly Sumter (Ga.) Republican*, December 5, 1873, p. 4; Kilbourne, comp., *Terrell County, Georgia, Newspaper Clippings*. Vol. 2, *Sumter Republican*, December 4, 1873, 98; 1860 Census, Americus, Sumter County, Georgia, "George Davis"; 1870 Census, Americus, Sumter County, Georgia, "Jarret J. Davis."

35. Otey Diary, Folder 47, February 12, 1871, p. 16; February 16, 1871, p. 18; May 13, 1876, p. 37, SHC, UNC. See also Folder 47, January 27, 1871, p. 11; February 16, 1871, p. 18.

36. Crabtree and Patton, *"Journal of a Secesh Lady,"* 713 (June 26, 1865). Edmondston's father, Thomas P. Devereux, died in March 1869 nearly $300,000 in debt.

37. Otey Diary, Folder 48, May 13, 1876, p. 37, SHC, UNC.

38. Ibid., Folder 48, June 5, 1876, p. 47.

39. Wyatt-Brown, *The Shaping of Southern Culture*, 257. Real estate taxes increased markedly following abolition in order to make up lost revenue.

40. Otey Diary, Folder 47, February 9, 1871, pp. 14–15, SHC, UNC. See also Folder 43, February 22, 1868, p. 147.

41. Marszalek, ed., *The Diary of Miss Emma Holmes*, 455 (June 15, 1865).

42. GAR, May 29, 1872, p. 321, GA; 1860 Census, Heard County, Georgia, "Ann C. Reese." Reese and many women like her suffered psychiatric disorders stemming from events during the Civil War but were not institutionalized or actively suicidal

until after the end of the war. Treatment was routinely delayed for one of a few reasons. For one, women as the sole caregivers of their families, emotionally taut or not, may have tried to hold on until the end of the war when their male kin returned to offer much-needed relief. Once their husbands returned, overwrought wives collapsed under the weight of four years of wartime stress. A second possibility is that, as before the war, families considered asylums to be the option of last resort. Families made do, to the best of their abilities and resources, and tried to manage psychologically distressed family members within the household. Once a family member's condition grew severe or uncontrollable, or symptoms became violent in nature, institutionalization might have been unavoidable.

43. GAR, entry date June 1867, p. 209, GA; 1860 Census, Marion County, Georgia, "A. Passmore." Her physician husband, Abner, enlisted in the army in May 1862, but was home on a sick furlough that fall. He was eventually discharged when he furnished a substitute in June 1863. Service records at Fold3.com: Abner Passmore, 5th Georgia Infantry (State Guards) and 59th Georgia Infantry. Noted in passing, but not linked in any way to her mental illness, was that she had given birth to two children, both of whom had died, at least one, but likely two, during the war.

44. GAR, April 9, 1866, p. 152, GA.

45. Ibid. Spellings of name include Gladin, Gladdin, and Gladen. See 1850 Census, Chattanooga Valley, Walker County, Georgia, Elias Gladden; 1860 Census, Wilson, Walker County, Georgia, "Elias Gladden"; 1870 and 1880 Censuses, Pope, Griffin County, Arkansas, "Elias Gladden." Service records for Elias Gladden located at Fold3.com: 6th Battalion Georgia Cavalry, 23rd Georgia Infantry. On relocation as a survival strategy among veterans and their families, see McClurken, *Take Care of the Living*, 64–65.

46. GAR, December 6, 1867, p. 225, GA.

47. Culpepper, *All Things Altered*, 121–22.

48. Ibid., 41.

49. GAR, May 14, 1869, p. 273, GA.

50. Otey Diary, Folder 47, February 23, 1871, pp. 21–22; March 6, 1871, pp. 26–27; March 7, 1871, pp. 27–28, SHC, UNC.

51. Ibid., Folder **43**, January 1, 1868, p. 124; March 5, 1868, p. 153; March 17, 1868, p. 158; April 1, 1868, p. 161; March 2, 1867, p. 88. On white women and the new postwar domestic arrangements, see Censer, *The Reconstruction of White Southern Womanhood*, 51–90.

52. Culpepper, *All Things Altered*, 126–27; Whites, *The Civil War as a Crisis in Gender*, 145.

53. McDonald, *A Woman's Civil War*, 240.

54. Whites, *The Civil War as a Crisis in Gender*, 145.

55. Ibid., 145–48.

56. Murthy and Lakshminarayana, "Mental Health Consequences of War." In some postwar societies nearly two-thirds of the population manifested symptoms of stress. One study found that over three-quarters of its subjects had experienced at least one traumatic stress-related symptom. Recent research indicates that women may suffer for years following the end of a war from war-induced health problems. Kastrup, "Mental Health Consequences of War."

57. Catherine Edmondston explains that her failure to write in her diary from April to October 1865 was because of her depression about the fall of the Confederacy. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 720 (October 4, 1865). See also Gardner, *Blood and Irony*, 42–43.

58. Ibid., 716 (July 28, 1865); 695 (April 16, 1865).

59. GAR, May 18, 1866, p. 155, GA; 1870 Census, Conyers, Newton County, Georgia, "Henry L. Dempsey"; 1880 Census, Rockdale County, Georgia, "Henry L. Dempsey"; 1850 Census, Newton County, Georgia, "J. H. Almon"; 1860 Census, Newton County, Georgia, "J. H. Almond"; Find A Grave website: graves of Nancy Mathilda Almand Dempsey, Rebeca D. Dempsey, Sophronia A. Dempsey, James F. Almand, Elisha Almand, Henry Floyd Almand, John A. Almand, Joseph L. Almand, James Floyd Almand, James Thomas Almand, Henry Levi Dempsey; Ancestry.com, Family Tree, http://trees.Ancestry.com/tree/35982174/family?cfpid=18863695262; Newton County, Georgia, Muster Rolls, online at USGenWeb Archives, http://usgwarchive.net/. Thanks to genealogist Shirley Ann Bennett Barham, great-granddaughter of Nancy Dempsey, for additional materials on the Almand family, in author's possession. Barham's research shows that Dempsey was committed again in 1873, during which time her four-year-old daughter, Isora, died. She was discharged in 1874 but readmitted in 1886 and again in the 1890s. Barham is in possession of Dempsey's obituary. Dempsey died at age sixty-seven "very suddenly," which is often coded language for a suicide. Shirley Ann Bennett Barham, "Nancy."

60. See sources cited in previous note. Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GSln=Dempsey&GSiman=1&GScid=32501&GRid=18899980&.

61. On the wartime refugee experience, consult Silkenat, *Driven from Home*.

62. Murthy and Lakshminarayana, "Mental Health Consequences of War," 27.

63. Letter from Drs. L. Brooker and W. W. Rills, Windsor, South Carolina, November 6, 1865; letter from John G. Smith, magistrate, November 9, 1865; letter from B. F. Brown, secretary and treasurer, Board of Commissioners of the Poor from Barnwell District, South Carolina, November 10, 1865, SCSH Commitment Files; Microfilm Reel AD #677, SCSH Admissions Books, Patient #1754, January 4, 1870, and [late] 1870; and, Microfilm Reel AD #674, SCSHI Case studies, Vol. 3 (September 24, 1875–September 2, 1877), January 4, 1870, SCDAH. Fold3.com service records: Matheny served in the 7th South Carolina Infantry, discharged July 15, 1862. 1850 Census, Edgefield County, South Carolina, "Daniel Matheny"; 1860 Census, Graniteville, Edgefield County, South Carolina, "N. D. Matheny"; 1870 Census, Graniteville, Edgefield County, South Carolina, "Daniel Matheny." Lucinda's mother's maiden name was McDaniel, and there are quite a few listed among the census records of Barnwell County, including William McDaniel, whom I suspect may have been an older brother. 1860 Census, Silverton, Barnwell County, South Carolina, "William McDaniel."

64. Letter from her family doctor, Moffattsville, South Carolina, to Dr. Griffin, SCSH Commitment Files, Patient #3059, September 20, 1878; Microfilm Reel #677, SCSH Admissions Books, Patient #3059, September 20, 1878; and, Microfilm Reel #674, SCSHI Case histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3059, September 20, 1878, p. 160, SCDAH; 1850 Census, Anderson County, South Carolina, "Henry Gable"; 1870 Census, Anderson County, South Carolina, "J. Berry

Newton"; 1860 Census, Anderson County, South Carolina, "Joel B. Newton." Fold3 .com Confederate service records: Joel B. Newton, Orr's Rifles, South Carolina; James Ashbury Gable, 32nd Mississippi Regiment [A number of ancestry reports suggest he died in Tennessee in 1864. He was discharged in 1862 for chronic bronchitis. He may, however, have transferred to join two of his brothers in the Moreland's Cavalry Division, Alabama. Those records indicate a James A. Gable from Iuka, Mississippi, was captured near Huntsville, Alabama, in December 1864; died from scurvy; and was buried in May 1865]; Henry Stacey Gable (identified in service records as S. H. Gable), also from Iuka, Mississippi, enlisted in Moreland's Cavalry Regiment (Alabama) [ancestor records indicate he died in 1867]; George Smith Gable, 26th Mississippi Infantry [died in 1863 in Grenada, Mississippi, of asthma and general debility caused by exposure following release as a POW]; Levi Franklin Gable (L. F. Gable) of the 7th Alabama Cavalry. The *State vs. Joel B. Newton* information appears in the *Anderson (S.C.) Intelligencer*, August 30, 1877; September 20, 1877; and February 21, 1878. My thanks to Carl Gable for sharing with me his genealogical research, which provided additional information about the Newton and Gable families.

65. Hacker, "A Census-Based Count of the Civil War Dead," 341. Hacker's analysis is based on deaths by state of birth, a rough indication of sectional impact. Using this method, the traditional figure of 258,000 Confederate dead increased by about 20 percent, suggesting more than 300,000 CSA dead, if one includes border state figures. The National Park Service claims 194,000 Confederate soldiers were wounded, not all of whom made it home (https://www.nps.gov/civilwar/facts.htm).

66. Miller, *Empty Sleeves*.

67. Culpepper, *All Things Altered*, 40–41.

68. Burr, ed., *The Secret Eye*, 9, 12–13, 15, 377–94.

69. Woodward, ed., *Mary Chesnut's Civil War*, 643 (September 19, 1864).

70. Heineman, *What Difference Does a Husband Make?*, 117.

71. On the strain that war injected into North Carolina marriages, consult Silkenat, *Moments of Despair*, 95–135, and Bynum, *Unruly Women*, 59–87, 119–20.

72. McClurken, *Take Care of the Living*, 48–49.

73. *Weekly Sumter (Ga.) Republican*, May 21, 1875; 1860 Census, Elbert County, Georgia, "James G. Eberhart"; 1870 Census, Elbert County, Georgia, "James G. Eberhart." Service records for James G. Eberhart, 38th Georgia Infantry and 15th Infantry, at Fold3.com. It appears that Eberhart enlisted in 1861 but was discharged due to a urological ailment in September 1861. He may have been subsequently conscripted and suffered multiple ailments that again resulted in his discharge in 1863. The Georgia militia census shows an overseer exemption for James G. Eberhart in 1864. 1864 Census for Re-organizing the Georgia Militia, at Ancestry.com.

74. GAR, December 12, 1871, p. 303 GA; 1870 Census, Hawkinsville, Pulaski County, Georgia, "Robert S. Anderson, Jr."; 1880 Census, Pulaski County, Georgia, "R. S. Anderson"; Biographies of Pulaski County [Georgia], "Biography of Captain Robert Sanders Anderson," Access Genealogy, http://www.accessgenealogy.com /georgia/biography-of-captain-robert-sanders-anderson.htm (accessed June 27, 2014).

75. McClurken, *Take Care of the Living*, 50.

76. *Atlanta Weekly New Era*, May 24, 1871, p. 3.

77. "Inquest over the body of Margaret Doyle," December 12, 1872, Richmond (city), Misc., Coroner's Inquests, Executions, 1872, Box B5, 1860–1925, BC 1048050, State Records Center Annex, LVA; December, 11, 1872, Manuscripts, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 9, BC 1114464, LVA; 1860 Census, Richmond, Henrico County, Virginia, "Jno Doyle"; 1870 Census, Richmond, Henrico County, "John Doyle." The 1860 census lists John's age as thirty-six, but ten years later his age is sixty-nine. "Peggy" is listed as aged thirty-six as well in 1860, but sixty-five in 1870. The Richmond death register puts her age at death at about sixty. Yet, their daughter's age in 1860 is six and in 1870 is seventeen. It is not clear whether John Doyle could have served in the army given his age. There are near twenty records for men named John Doyle who served in a Virginia unit, so it is impossible to document his military service. Fold3.com

78. *Daily Arkansas Gazette*, August 17, 1867; *West Jersey (Camden) Press*, August 14, 1867..

79. Microfilm Reel AD #674, SCSHI Case histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3090, November 28, 1878, p. 191; and SCSH Commitment Files, Patient #3090, November 24, 1878, SCDAH; 1860 Census, Merrittsville, Greenville County, South Carolina, "Betsy Dill" [Abram Dill in household, aged thirteen]; 1860 Census, Merrittsville, Greenville County, South Carolina, "Elisha Pruitt"; 1870 Census, Saluda, Greenville County, South Carolina, "Elizabeth Dill" [A. J. W. Dill, aged twenty-two, with (first) wife, Sarah, aged seventeen]. In 1900, Huldia Dill, listed as having married in 1875, was living with her brother, General Pruett, and his family in Henderson, North Carolina. 1900 Census, Henderson, North Carolina, "Genail [General] Pruett." Hulda's name appears variously as Mahulda(h), Huldah, Huldia. Dill's name appears as Abram and Abraham. In 1900, Dill was living with Mandia [Amanda] Price, who listed as a "boarder" in his household but certainly the mother of some of the children in the household. Dill is listed as married; Price, single. 1900 Census, Saluda Township, Greenville County, South Carolina, "Aberhamb Dill." A. J. Dill served in the 16th South Carolina Regiment, Company D. Service records at Fold3.com.

80. GAR, July 21, 1868, p. 249, GA. Smith probably married about the time the Civil War started because she is listed in the 1860 census as Cornelia Dancey, aged eighteen, living with Marco Phinizy of Athens, Georgia, likely her stepfather, who is also listed as her contact person with the asylum. Presumably, the Smiths spent little time together as husband and wife before he went off to war. Her mental state was greatly aggravated by the "treatment of her husband," 1850 and 1860 Censuses, Athens, Clarke County, Georgia, "Marco Phinizy."

81. GAR, April 13, 1867, p. 203, GA. "Fannie" was domiciled with husband Wesley in 1860, 1870, and 1880, so her husband's abandonment of her was not permanent. A variety of records document his attachment to the 5th Georgia Cavalry Regiment. 1860 Census, Reidsville, Tattnall County, Georgia, "Wesley Cobb"; 1870 Census, Reidsville, Tattnall County, Georgia, "Westley Cobb"; 1880 Census, Cobb Town, Tattnall County, Georgia, "Wesley Cobb." Fannie Cobb's contact person in the asylum documents is listed as Charles Bishop, a shoemaker from Newton County, Georgia. Cobb's relationship to Bishop is not known, but he was likely a male relative. Wesley Cobb applied for an indigent pension application in 1905 and claimed he was assigned to the

5th Georgia Cavalry. See Georgia, Confederate Pension Applications, 1879–1960, Wesley Cobb, 1905, at Ancestry.com.

82. *Atlanta Weekly Sun*, December 20, 1871, p. 8.

83. Ibid., August 30, 1871, p. 6.

84. GAR, April 12, 1872, p. 317, GA. 1870 Census, Coweta County, Georgia, "Julius A. Allen."

85. *Richmond Dispatch*, March 25, 1872; Virginia, Deaths and Burials Index, Lucy H. O. Farley, March 22, 1872, Richmond, acenstry.com; 1850 Census, Caswell, North Carolina, "William A. Farley"; 1860 Census, Halifax County, Virginia, "William H. Farley"; 1870 Census, Richmond, Henrico County, Virginia, "Julia O. Farley"; "Inquest on the body of Miss Lucy Farley," March 23, 1872, Richmond (city), Misc., Coroner's Inquests, Executions, 1878–1879/Official Oaths, 1860–1925, Box B5, 1860–1925, BC 1048050, LVA; March 22, 1872, Manuscripts, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 10, LVA; Confederate service records for Richard G./R. G. Farley, 13th Battalion Light Artillery, 3rd Cavalry, and Addison A./A. A. Farley, 1st Battalion Virginia Cavalry, at Fold3.com. The relationship of Lucy and her mother to the two adult women with whom they lived is not known, but it was not unheard of for postwar families to live in the households of adults to whom they were not related. McClurken, *Take Care of the Living*, 54. There are over a dozen William Farleys from Virginia who served in the Confederate army, so there is no way to ascertain William's, Lucy's father's, identity.

86. *Richmond Dispatch*, March 25, 1872.

87. On the impact of the war and its aftermath on children of Virginia, see Jones, *Intimate Reconstructions*, especially chapter 3.

88. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 735, 531, 531n16, 555, 579, 597, 599, 620, 620n105, 622, 625, 656; quotations on 599, 620. Biographical information on the Dunlops can be found at 1850, 1860, and 1870 Censuses, Petersburg, Virginia, "James Dunlop," and Virginia, Deaths and Burials Index, 1853–1970, Mattie Dunlop, March 16, 1873, Petersburg, on Ancestry.com. Note: the editor of Edmondston's diary incorrectly identifies "Mattie" as her older sister, Isabella Matoaca Dunlop, who survives her. Martha is listed as Mattie in the 1870 census.

89. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 735.

90. Murthy and Lakshminarayana, "Mental Health Consequences of War," 26–28.

91. *Weekly Sumter (Ga.) Republican*, October 12, 1877, p. 2; *Lockport (N.Y.) Daily Journal*, October 2, 1877.

92. *Weekly Sumter (Ga.) Republican*, October 12, 1877, p. 2; *Lockport (N.Y.) Daily Journal*, October 2, 1877; 1850 Census, Talbot County, Georgia, "Wilbon Dave"; 1860 Census, Talbot County, Georgia, "Wm. G. Davy"; 1870 Census, Talbot County, Georgia, "Welborne Davie"; "U.S. IRS Tax Assessment Lists, 1862–1918, State of Georgia," p. 365 (1865), located at Ancestry.com; 1870 Census, Muscogee County, Georgia, "Grigsby Thomas"; Find A Grave website for Mattie Davie. Confederate service records at Fold3.com: H. S./S. H./Sim H. Davie, 9th Infantry Georgia; J. Newton Davie, 3rd Georgia Cavalry; William A. Davie, 46th Infantry Georgia; M. E. Davie, 46th Infantry Georgia.

93. Multiple spellings of Devers include Devor(s), Dever(s), Deaver(s), Deavor(s), Devore, Daver. U.S. Federal Census Mortality Schedules, 1850–1885, Seddon, Bland County, Virginia, 1870, Rachel Devor, age sixteen, died of suicide April 30, 1870, and George Devor, age one month, died of croup in April 1870 also, at Ancestry.com; *Staunton (Va.) Spectator*, May 17, 1870; 1860 Census, Wythe County, Virginia, "Henry Deaver"; 1870 Census, Bland County, Virginia, "Henry H. Devor"; 1880 Census, Rocky Gap, Bland County, Virginia, "H. H. Devor"; 1860 Census, Wythe County, Virginia, "James Deaver"; CSA service records at Fold3.com for James W. Devor, 51st Virginia Infantry, and/or James W. Deavers, 45th Battalion Virginia Infantry; Selected U.S. Federal Census Non-Population Schedules, 1850–1880, Elizabeth Devor, Bland County, Virginia, 1870. Episodes of suicidal young women and girls dot the postbellum Southern landscape, but typically elicited little public commentary or explanation; consequently, they are not well documented. Since I could not situate any of these females directly in a Civil War context, I chose not to include them in the text, but I suspect some are directly connected to war-related suffering, especially those whose events take place right after the war: Susan Grubb (aged twenty), a single woman from Virginia, committed suicide in July 1870 by ingesting strychnine. *Bristol (Va.) News*, July 22, 1870. A New Orleans girl (aged seventeen) identified only as Miss Martin committed suicide in that city in June 1866. No reasons were offered for "the rash act." *New Orleans Times*, June 27, 1866, p. 3. Emeline Harwell of Cartersville, Georgia, entered the state asylum multiple times beginning in 1866, after being insane for about a year. En route she asked for a knife with which to kill herself. GAR, July 5, 1866, p. 161; November 1867, p. 224; November 11, 1869, p. 278, GA; 1870 Census, Bartow County, Georgia, "John F. Harwell." Lizzie Mason (aged sixteen), "a beautiful and accomplished young lady" from Wetumka, Alabama, killed herself by taking strychnine following the death of her father in June 1869. *Petersburg Index*, June 18, 1869. Mary Marshall (aged twenty-two), daughter of a well-to-do Tennessee farmer, hanged herself in September 1866. Family members acknowledged she had been sick and "rather low spirited for some time" but would not concede she had experienced any "serious mental derangement." Brother John served in the 50th Tennessee Infantry but escaped after the Confederate surrender at Fort Donelson and shows up in these records again. Family histories state that he died in February 1865, though that claim is not verified. An eight-year-old younger brother may have died in December 1861, but that cannot be verified, either. Ancestry.com; *Nashville Republican Banner*, September 30, 1866; *Clarksville (Tenn.) Weekly Chronicle*, September 28, 1866; 1850 Census, Montgomery, Tennessee, "H. D. Marshall"; 1860 Census, Montgomery County, Tennessee, "H. D. Marshall"; 1870 Census, Montgomery, Tennessee, "Horace D. Marshal." Kate Grapper of Memphis drowned herself in the Mississippi River in June 1868, leaving a note behind that said, "I am tired of life." *Atlanta Weekly Intelligencer*, June 17, 1868; *New York Times*, May 31, 1868; 1860 Census, Memphis, Tennessee, "Calvin Heckle"; 1870 Census, Memphis, Tennessee, "Leopold Goepel"; Memphis, Tennessee City Directory, 1866–1920, in U.S. City Directories, 1821–1989, at Ancestry.com (accessed June 9, 2014).

94. Holly Springs (Miss.) *Reporter*, July 14, 1871; Wiltshire, comp., *Mississippi Newspaper Obituaries, 1862–1875*, 100; *Vicksburg Daily Times*, July 18, 1871; 1850 Census, Marshall County, Mississippi, "William B. Cox"; 1860 Census, Marshall County,

Mississippi, "William C. Cox"; 1870 Census, Marshall County, Mississippi, "G. W. Cox." Elizabeth (Bettie) Cox resided in the household of G. W. Cox, aged thirty-six, in 1870. Presumably, this was her brother George W. (age matches the 1860 census of William's household). If so, the George W. Cox who died in Richmond in 1862 may not have been her brother. These documents appear contradictory. For the service records of John C. Cox, 7th Arkansas Infantry, and Benjamin F. P. Cox, 11th Mississippi, see Fold3.com. The reference to the oral history of John C. Cox's abduction by U.S. soldiers is found at the Cox Family homepage, http://www.kencox.us/family/geneology/Our%20Cox%20Family%20Civil%20War%20experience.pdf (accessed June 6, 2014).

95. Holly Springs (Miss.) *Reporter*, July 14, 1871.

96. Thielman, "Madness and Medicine," 33–40; Foster, *Ghosts of the Confederacy*, 17–18; Wyatt-Brown, *The Shaping of Southern Culture*, 262. On the gendered consumption of opiates, consult Jones, "'So Dreadful an Evil.'"

97. Lomax, "The Uses and Abuses of Opiates in Nineteenth-Century England"; Calkins, *Opium and the Opium-Appetite*.

98. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* xxxiv, 70, 85, 157–58, 160, 552,735; quotations on 105, 106, 272. Josiah Turner's service records can be located at Fold3.com.

99. Ibid., 735–36. On postwar politics in North Carolina, see Escott, *Many Excellent People*, 136–70. Josiah Turner bought the *Raleigh Sentinel* after the war and used the conservative newspaper to launch a political campaign to recruit lower-class whites to the Democratic Party (165). Ashe, Weeks, and Van Noppen, eds., *Biographical History of North Carolina*, Vol. 3, 419–26.

100. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 735–36.

101. Otey Diary, Folder 45, December 17, 1868, p. 82, SHC, UNC.

102. *Richmond Daily Dispatch*, November 22, 1872; Virginia, Select marriages, 1785–1940, William L. Dunn and Fannie P. Beattie, October 10, 1866, at Ancestry.com; 1860 Census, Emory, Washington County, Virginia, "Absalom Beatie"; 1870 Census, Washington County, Virginia, "William Dunn"; Siepel, *Rebel: The Life and Times of John Singleton Mosby*, 134, 139, 289. Fannie's brother Robert Beatie (Beattie) served in the 1st Virginia Cavalry of Virginia with Dunn, who later served with Mosby's Rangers. Records accessible through Fold3.com.

103. "Inquest on the body of Miss Lucy Farley," March 23, 1872, Richmond (city), Misc., Coroner's Inquests, Executions, 1878–1879/Official Oaths, 1860–1925, Box B5, 1860–1925, BC 1048050, LVA; March 22, 1872, Manuscripts, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 10, LVA; Virginia, Deaths and Burials Index, Lucy H. O. Farley, March 22, 1872, Richmond, acenstry.com; 1870 Census, Richmond, Clay Ward, Henrico County, Virginia, "Julia O. Farley"; 1860 Census, Halifax County, Virginia, "William H. Farley"; *Richmond Dispatch*, March 25, 1872.

104. Manuscripts, June 18, 1871, Richmond City, Department of Health, Register of Deaths, 1870–1912, Vol. 5, LVA; "Inquest on the body of Miss Carrie Edwards," June 18, 1871, Richmond (city), Misc., Coroner's Inquests, Executions, 1878–1879/Official Oaths, 1860–1925, Box B5, 1860–1925, BC 1048050, LVA.

105. GAR, April 13, 1867, p. 203, GA.

106. *New Orleans Times*, August 4, 1866, p. 8.

107. McClurken, *Take Care of the Living*, 48; on the options widows faced, see 55–57. War created thousands of widows. Estimates in Alabama, just one example, put the number of war widows at 20,000 and the number of orphans at 60,000. Culpepper, *All Things Altered*, 47.

108. GAR, March 5, 1866, p. 143, GA; 1860 Census, Marengo County, Alabama, "Thomas C. Deloach"; Alabama Select Marriages, 1816–1957, Thomas C. Deloach and Jane Morrisette, June 25, 1855, Marengo, Alabama, at Ancestry.com (accessed June 16, 2014). I was unable to ascertain whether Thomas Deloach served in the CSA as a soldier or physician. 1870 Census, Shiloh, Marengo County, Alabama, "Sarah Deloach" ["insane"].

109. GAR, November 27, 1868, p. 262, GA. Mary Kimbell was discharged in 1869 but cannot be located in any subsequent census records. 1850 Census, Henry County, Georgia, "Christopher Kimbell"; 1860 Census, Henry County, Georgia, "Christopher Kimbell." Service records of Mary's four sons can be found on Fold3.com: both Christopher J. and George W. Kimble served with the 8th Louisiana Infantry, "Minden Blues." Christopher died August 19, 1864, in Richmond from an arm wound, and George of disease in November 1862. See also Agan, *Echoes of Our Past*, 45. John K. Kimbell was discharged from the 44th Georgia Infantry in December 1862 due to "defective eyesight." William L. Kimbell, aged forty when the war broke out, served in the 85th Georgia Militia. Family histories of the Kimbells claim Christopher Sr. died in 1866 and Mary in 1870, but offer no supporting documentation. Ancestry.com.

110. Maria Louisa Fleet to David Fleet, May 10, 1873, in Fleet, ed., *Green Mount after the War*, 104–5.

111. GAR, January 7, 1869, p. 264, GA.

112. *Paris (Tenn.) Weekly Intelligencer*, May 30, 1872; Fold3.com, John W. Crawford, 15th Tennessee Cavalry; Find A Grave website, John W. Crawford and Mary J. (Owens) Crawford; 1870 Census, Carroll County, Tennessee, "Mary Crawford"; 1860, Weakley County, Tennessee, Tennessee State Marriages, 1780–2002, John W. Crawford and Mary James Owens, January 17, 1856, Weakley County, Tennessee, at Ancestry.com.

113. Cobb's given name was Rebecca Caroline but she went by "Carrie." Microfilm Reel AD #674, SCSHI Case histories, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3201, August 23, 1879; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3201, August 23, 1879; and SCSH Commitment Files, Patient #3201, August 23, 1879, SCDAH; 1850 Census, Abbeville, South Carolina, "James H. Cobb": 1860 Census, Abbeville, South Carolina, "James H. Cobb"; 1870 Census, Abbeville, South Carolina, "James Cobb"; James Cobb's obituary, the source of the quotes, appears in *Abbeville Press and Banner*, February 19, 1879, p. 3. Special thanks to Sharon Morehart for her assistance on helping identifying Rebecca "Carrie" Cobb.

114. Microfilm Reel AD #674, SCSHI Case histories, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3201, August 23, 1879; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3201, August 23, 1879; and SCSH Commitment Files, Patient #3201, August 23, 1879, SCDAH; 1850 Census, Abbeville, South Carolina, "James H. Cobb": 1860 Census, Abbeville, South Carolina, "James H. Cobb"; 1870 Census, Abbeville, South Carolina, "James Cobb"; CSA service records, Fold3.com for James E. Cobb,

1st South Carolina Cavalry, and A. B. [Augustus] Cobb, 1st South Carolina Cavalry; Carrie Cobb's obituary appears in *Abbeville Press and Banner*, October 1, 1879, p. 3.

115. Shorter, *How Everyone Became Depressed*, 33–34.

116. GAR, May 6, 1866, p. 153, GA.

117. Otey Diary, Folder 43, March 22, 1867, p. 99, SHC, UNC.

118. Ibid., Folder 43, April 22, 1867, p. 9.

119. Ibid., Folder 43, April 1, 1868, p. 1.

120. Ibid., Folder 45, November 17, 1868, p. 61.

121. Ibid., Folder 45, November 16, 1868, pp. 60–61.

122. Ibid., Folder 48, June 5, 1876, p. 47.

123. Murthy and Lakshminarayana, "Mental Health Consequences of War," 28.

124. Heineman, *What Difference Does a Husband Make?*, 108–136.

125. Compton, "Proceedings of the Association of Medical Superintendents" (1873), 197; Rice, *Proceedings of the National Conference of Charities and Correction* (1888), 347. The superintendent of the Western Lunatic Asylum claimed in June 1865 that the war was causing a rise in insanity. Jones, *Intimate Reconstructions*, 93. On reports of postwar suicide mania, see *Tri-weekly Sumter (Ga.) Republican*, May 12, 1870, p. 2. For additional postwar newspaper accounts commenting on the increase of suicides and describing them as epidemics or mania, see the *Thomasville (Ga.) Times*, May 3, 1879, and August 5, 1876; *Weekly Sumter (Ga.) Republican*, October 1, 1875; *Albany (Ga.) News*, February 28, 1873; *Columbia (S.C.) Daily Phoenix*, April 17, 1868; *Savannah Daily News and Herald*, February 11, 1868; *Charleston News and Courier*, July 10, 1883; *National Police Gazette*, October 26, 1867, p. 23; *Macon (Ga.) Telegraph*, August 2, 1865; *New Orleans Times*, July 12, 1866. Additional sources that commented on the rise of suicides include Mathews, "Civilization and Suicide," 470, 477; DuBose, "Suicide—Its Causes and Cures," 36.

126. See also McClurken, *Take Care of the Living*, 52.

127. Crabtree and Patton, eds., *"Journal of a Secesh Lady,"* 203.

128. Ibid., 108.

129. Jones, *Intimate Reconstructions*, 79–83.

130. Gertrude Thomas journal, as quoted in Whites, *The Civil War as Crisis in Gender*, 153, 153–56.

131. Schantz, *Awaiting the Heavenly Country*, 12.

132. GAR, December 4, 1865, pp. 145–146, GA; 1860 Census, Upson County, Georgia, "J. L. Worthy"; 1870 Census, Upson County, Georgia, "J. L. Worthy." See also the case of Susan Foshee, whose psychological health spiraled out of control in 1878. Melancholic, she threatened to burn down her house and to kill herself by cutting her throat. Her medical history makes clear that the death of both of her children, the youngest an infant, played a role in her ill health as well as her wish to die. SCSH Commitment Files, Patient #3088 [3087], November 19, 1878,; Microfilm Reel #677, SCSH Admissions Books, Patient #3087, November 19, 1878; and, Microfilm Reel AD #674, SCSHI Case histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3087, November 19, 1878, p. 188, SCDAH. Foshee died in spring 1879 in the asylum, from consumption.

133. GAR, May 17, 1871, p. 295, GA; 1860 Census, Gibson, Glascock County, Georgia, "Elisha Hattaway"; 1870 Census, Glascock County, Georgia, "Eliza Hataway";

Pension Records/Widow's Pension, 1893, Mrs. Eliza Hattaway, Washington County, Georgia; Confederate Pension Applications, Georgia Confederate Pension Office, Georgia's Virtual Vault, http://cdm.georgiaarchives.org:2011/cdm/search/searchterm/Confederate%20Pension%20Applications,%20Georgia%20Confederate%20Pension%20Office,%20RG%2058-1-1,%20Georgia%20Archives/mode/exact (accessed June 29, 2014). "Elisha Hattaway," Find A Grave, http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=16840381 (accessed June 29, 2014).

134. Kilbourne, comp., *Terrell County, Georgia, Newspaper Clippings*, Vol. 1, 99 [newspaper not identified] (May 7, 1868).

135. *Thomasville (Ga.) Times*, December 12, 1874, p. 2; 1870 Census, Thomas County, Georgia, "Hiram Fuller"; Georgia Marriage Records from Select Counties, 1828–1978, Matthew M. Dukes and Perina A. Newton, Brooks County, February 2, 1861, at Ancestry.com (accessed June 9, 2014); Confederate service records of Hiram S./Hymer S. Fuller, 24th Georgia Infantry at Fold3.com, and Matthew Miles Dukes, 50th Infantry Regiment, American Civil War Soldiers Database at Ancestry.com (accessed June 9, 2014); Arkansas Confederate Pensions, 1901–1929, "Fowler, W. F.–Futrell, A. J." image #1240, Pension application of H. S. Fuller (accessed June 9, 2014). Other Southern women who engaged in suicidal behavior after the war ostensibly because of the death of a loved one include Mary Thomas and Sarah A. Bond. Thomas, a twenty-two-year-old single woman from Newberry, South Carolina, became suicidal when her mother died. SCSH Commitment Files, Patient #3153, May 5, 1879; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3153, May 5, 1878; Microfilm Reel AD #674, SCSHI Case histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3153, May 5, 1879, p. 253, SCDAH. Bond of DeKalb County, Georgia, hanged herself in the carriage house on her property in the summer of 1876, purportedly because of the sudden death of a friend. Kilbourne, comp., *Terrell County, Georgia, Newspaper Clippings*, Vol. 2, 370 [newspaper not identified], (August 17, 1876); 1870 Census, Lithonia, DeKalb County, Georgia, "Dr. William P. Bond"; Georgia Marriages, 1699–1944, W. P. Bond and Sarah A. Born, March 13, 1855, DeKalb County, Georgia. Curiously, the newspaper account and the Find A Grave website substantiate her death in 1876, yet the census of 1880 records a wife of the same name in William Bond's household. 1880 Census, DeKalb County, Georgia, "William P. Bond"; Find A Grave, https://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=25158046 (accessed October 24, 2017).

136. SCSH Commitment Files, Patient #2946, admitted December 18, 1877; Microfilm Reel AD #673, SCLA Patient Treatment Records, Vol. 3 (1859–1869, 1874), Patient #2946, December 18, 1877; Microfilm Reel #677, SCSH Admissions Books, Patient #3063, October 3, 1878; and, Microfilm Reel AD #674, SCSHI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #2946, December 18, 1877 and (readmitted) Patient #3063, October 3, 1878, SCDAH; 1870 Census, Edgefield County, 'Amanda Padgett'.

137. GAR, August 7, 1866, p. 167, GA; 1860 Census, Macon, Bibb County, Georgia, "Alexander M. D. Cawley."

138. Microfilm Reel #673, SCLA Patient Treatment Records, Vol. 3 (1859–69, 1874), Patient #1424, June 9, 1865, p. 149; Microfilm Reel AD #674, SCLA Physicians' Record, Patient #1424, June 9, 1865; Microfilm Reel #677, SCSH Admissions Books,

June 9, 1865; and Microfilm Reel AD #677, SCSH Admissions Books, June 9, 1865, SCDAH.

139. GAR [n.d., but February or March 1866], p. 146, GA.

140. SCSH Commitment Files, Patient #3207, September 5, 1879; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3207, September 5, 1879; and, Microfilm Reel AD #674,SCSHI Case Histories, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3207, August 23, 1879, p. 16, SCDAH.

141. SCSH Commitment Files, Patient #3199, August 21, 1879; Microfilm Reel AD #677, SCSH Admissions Books, Patient #3199, August 21, 1879; and Microfilm Reel AD #674, SCSHI Case Histories, Vol. 5 (August 17, 1879–April 8, 1881), Patient #3199, August 21, 1879, p. 8, SCDAH.

142. SCSH Commitment Files, Patient #3061, September 26, 1878,; Microfilm Reel # 677, SCSH Admissions Books, Patient #3061, September 26, 1878; and, Microfilm Reel AD #674, SCSHI Case Histories, Vol. 4 (September 6, 1877–August 15, 1879), Patient #3061, September 26, 1878, p. 162, SCDAH. Census records confirm Catharine Martin lived in her father's (James) household in Piercetown, South Carolina, in 1850 and 1860. The 1850 census shows (brother) William living in the Martin household. 1850 and 1860 Census, Piercetown, Anderson County, South Carolina, "James Martin." Ancestry records indicate that William Martin died in the Confederate army at age twenty-three (which would line up with his age in census records); however, I have not been able to verify that information because of the many South Carolina soldiers with the name William Martin. Fold3.com shows forty-three separate records for South Carolina soldiers named William Martin. This does not include the names listed with only the initial W.

143. Otey Diary, Folder 43, January 20, 1868, p. 133, SHC, UNC.

144. Jones, *Intimate Reconstructions*, 103–57.

145. Ibid., 94–99.

Chapter 8

1. On Ruffin's death consult Allmendinger, *Ruffin*, 152–85; Mitchell, *Edmund Ruffin*, 234–56; Mitchell, "'Superfluous Lags the Veteran on the Stage'"; Greenberg, *Honor and Slavery*, 88–98; Wyatt-Brown, *The Shaping of Southern Culture*, 188–90. Ruffin's "suicide note"—a journal entry, really—is transcribed in Scarborough, ed., *The Diary of Edmund Ruffin*, Vol. 3, 935–51. Ruffin's biographers disagree over the date of his suicide. Allmendinger and Scarborough, "The Day Ruffin Died." On Ruffin's prophesizing about the impending Civil War, look to Jason Phillips, "The Prophecy of Edmund Ruffin: Anticipating the Future of Civil War History," *Apocalypse and the Millennium* (2013): 13–30.

There was a bit of a dust up at the end of the century when a former Confederate general, who was present for the firing on Fort Sumter and who sought to set the record straight, claimed in print that Ruffin did not fire the first shot as widely believed. Ruffin's son Julian, having none of it, shot back citing an excerpt from his father's diary and half a dozen newspaper reports. "Who Fired the First Gun at Sumter? Letter from General Stephen D. Lee, Reply of Juliam M. Ruffin," *Southern Historical Society Papers* 11 (November 1883): 501–04.

2. Scarborough, ed., *The Diary of Edmund Ruffin*, Vol. 3, 946, 945; Edmund Ruffin, Jr., to his sons, June 20, 1865, reprinted in "Death of Edmund Ruffin," 193–195 (193).

3. Southern Christians in the Civil War era primarily associated with one of three denominations: Baptist, Methodist, and Presbyterian, encompassing 94 percent of all churches located in the Confederate states. See Stowell, *Rebuilding Zion*, 12. The classic survey of religion in the South before the Civil War is Mathews, *Religion in the Old South*. See also Sparks, "Religion in the Pre–Civil War South," and Snay, *Gospel of Disunion*. On Southern Baptists after the Civil War, consult Harvey, *Redeeming the South*.

4. Scarborough, ed., *The Diary of Edmund Ruffin*, Vol. 3, 935–46 (935, 937, 939–40). Another example of a suicide victim who claimed no proscription against suicide could be found in Scriptures is Judge E. F. Buckner of Kentucky in *National Police Gazette*, October 26, 1867, and *Savannah Daily News and Herald*, October 25, 1867.

5. Scarborough, ed., *The Diary of Edmund Ruffin*, Vol. 3, 937–942 (937, 942).

6. Edmund Ruffin, "Statement of the Closing Scenes of the Life of Thomas Cocke," February 25, 1840, Edmund Ruffin Papers, 1818–1865, Section 4, Mss 1 R8385 a 4-26, VMHC, reproduced in Allmendinger, ed., *Incidents of My Life*, 179–88 (188). See also Wyatt-Brown, *Hearts of Darkness*, 47–56.

7. [Fisher and Erskine], *An Essay towards an Easy, Plain, Practical and Extensive Explication of the Assembly's Shorter Catechism,* 106 (all quotations). See also [Green], *Lectures on the Shorter Catechism of the Presbyterian Church in the United States of America,* 198–99; Plumer, *The Law of God as Contained in the Ten Commandments*, 408–12, 566, 589; Brown, *An Essay towards an Easy, Plain, Practical and Extensive Explication of the Assembly's Shorter Catechism*, 244–49. Colonial statutes against suicide can be traced to early English history. Burgess-Jackson, "The Legal Status of Suicide in Early America," 61–65. On earlier religious views on suicide, as well as those outside America, consult Watt, "Calvin on Suicide"; Jansson, "Suicidal Murder in Stockholm"; MacDonald and Murphy, *Sleepless Souls*, 15–23, 31–44; Paperno, *Suicide as a Cultural Institution in Dostoevsky's Russia*, 49–53; Chevalier, *Remarks on Suicide*; Winslow, *The Anatomy of Suicide*, 36–44; O'Dea, *Suicide*, 67–95. I have been unable to discern appreciable differences among the major Protestant denominations' positions on suicide. On the religious landscape of the Old South, consult Mathews, *Religion in the Old South*; Snay, *Gospel of Disunion*; Heyrman, *Southern Cross*.

8. Presbyterians were vastly outnumbered by other denominations in the Old South. On the eve of the Civil War, Baptists and Methodists numerically constituted the strongest Protestant denominations in the South, constituting about 80 percent of the churchgoing population. Cooper and Terrill, *The American South: A History*, Vol. 1, 264. Protestant denominations seem to have differed little or not at all on their doctrinal positions on suicide.

9. Miller, *The Guilt, Folly, and Sources of Suicide,* 15, 34. On Miller, see Kushner, *American Suicide*, 31–32, and Bell, *We Shall Be No More*, 1, 22–23, 30, 33, 37. Richard Bell notes that Miller's diatribe against suicide differs from colonial clerical denunciations by seeing a broader, societal negative impact, largely a "challenge to community integrity and social order" (23). For other early nineteenth-century denunciations of

suicide, see Joseph Lathrop's *Two Sermons on the Atrocity of Suicide*, although Lathrop's condemnation of suicide left open the possibility that those suffering from insanity might not be accountable for their own deaths (15); [no author], *Gracious Interpositions*; and Watson, *Theological Institutes*. For an illustration of the equally harsh Catholic position on suicide but in a later period, see Gibbons, "The Moral Aspects of Suicide." Literary and popular condemnations of suicide abounded and reinforced religious denunciations of suicide. See, for instance, "Arguments Against Suicide, From the Rev. Herries' Sermons"; Warton, "The Suicide," 182; "The Columbian Parnassiad," 121; "On Suicide," 61; "On Suicide: A Letter to a Friend on Suicide and Madness," 329; "On Suicide," 312; D. S., "Suicide," 328; "Summary of Late Intelligence," 164; "An Antidote Against Suicide," 2; "A Letter to a Friend on Suicide and Madness," 329; "On Suicide"; Beccaria, "An Essay on Crimes and Punishments, Chapter XXXII, Of Suicide," 90; "An Address to the Public on the Frequent and Enormous Crime of Suicide," 38.

10. Bell, *We Shall Be No More*, 18–21; Burgess-Jackson, "The Legal Status of Suicide in Early America," 66–67.

11. For an illustration of an anti-Universalist tract in the late antebellum period, see Tenny, *Suicide Profitable; or, A Good Bargain Soon Made*. On the rift between Universalists and mainstream Protestant denominations over suicide, see Bell, *We Shall Be No More*, 160–200. On the Universalist challenge to Protestant orthodoxy in the South, consult Fox-Genovese and Genovese, *The Mind of the Master Class*, 603–12. The Universalist challenge to Protestant denominations was strongest in the Northeast.

12. Steele, *The Cause, the Crime, and the Cure of our National Suicide*, 18.

13. Diary and typescript, 1851–1861, October 25, 1858, p. 78, Enoch Faw Papers, Duke University Rare Book and Manuscript Library, Special Collections, PLDU. The powerful influence of evangelical Protestantism shaped ideas of even the nonchurchgoers. Clarke, *War Stories*, 18.

14. H. T. Brown Diary, January 11, 1858, Vol. 23, 1855–1859, Hamilton Brown Papers, SHC, UNC.

15. Religious restraints served as a powerful, though not absolute, deterrent against suicide in the nineteenth-century South. Secular cultural codes, especially that of honor, coexisted uneasily at times with religious precepts and offered a counter narrative for suicide, or at least what some viewed as a form of suicide, dueling. Prevailing Christian tenets, such as forgiveness, kindness, silent suffering, meekness, and humility, stood at odds with chivalric and martial values, such as display, bravado, retribution, and status, which were at the heart of the code duello. This "tortured relationship between Protestantism and popular ethics," to quote Bertram Wyatt-Brown, crystallized during the early republic when, in an effort to combat a flurry of dueling deaths, especially after the infamous Aaron Burr–Alexander Hamilton duel in 1804, ministers and others began challenging the code duello by attempting to redefine dueling as a unique hybrid of homicide and suicide. Wyatt-Brown, "God and Honor in the Old South," 283. In this rendering, dueling was a cowardly, not an honorable, act, as its defenders claimed. For example, Virginia minister Samuel Low denounced dueling in 1810 as "suicide of the highest grade, and in the first degree." Low, *A Discourse on Dueling*, 18, cited in Bell, "The Double Guilt of Dueling," 398. On the

Burr-Hamilton duel, see also Freeman, *Affairs of Honor*, 159–98. Richard Bell notes that other nineteenth-century reformers employed suicide rhetoric in their campaigns as well, for example, those targeting temperance and gambling. Bell, "The Double Guilt of Dueling," 388. In an effort to stigmatize duelists and thus discourage the practice of dueling, there were legal attempts in the eighteenth century to treat participants as suicides, for example, executing the survivor as a murderer and then driving a stake through his heart. Thomas Jefferson in 1779 proposed an anti-dueling measure that included a provision for confiscating the property of the deceased, which had been the English practice. Wells, "The End of the Affair?" 1815, 1817–18. The association of dueling with suicide remained potent through the 1830s, when the language of murder began to supersede that of suicide in an attempt to deter the practice. Bell, "The Double Guilt of Dueling," 407–8.

16. Early modern European punishments of suicide, which included postmortem desecration and confiscation of the victim's property, had largely disappeared in the United States by the nineteenth century. On early punishments for suicide, see Snyder, "What Historians Talk about When They Talk about Suicide," 658–64; Burgess-Jackson, "The Legal Status of Suicide in Early America," 76–80; Kushner, *American Suicide*, 19–23; Guernsey, *Suicide*, 17–31. By contrast, in England suicide victims were still prosecuted posthumously for felony until 1870. If convicted, they were declared civilly dead and their property forfeited to the Crown. Anderson, *Suicide in Victorian and Edwardian England*. Until 1882, a suicide's body had to be buried by police in unconsecrated ground late at night and without benefit of religious rites. Bailey, *"This Rash Act,"* 67. As late as 1792, in Amsterdam the body of a suicide victim was ordered to be hanged by the legs in the gallows field, "to be consumed by the air and the birds." Bosman, "The Judicial Treatment of Suicide in Amsterdam," 9. On suicide in the medieval period, see Seabourne and Seabourne, "The Law on Suicide in Medieval England."

17. Smedes, *Memorials of a Southern Planter*, 120–21.

18. On English clerical practice on burial rites for suicide victims, see Anderson, *Suicide in Victorian and Edwardian England*, 269–82; MacDonald and Murphy, *Sleepless Souls*, 44–50; Bailey, *"This Rash Act,"* 67. On the burial restrictions for suicide victims in England and thirty-one other countries, see Guernsey, *Suicide*, 18, 20–31.

19. Because Taylor was born in 1834, I estimate that this incident occurred sometime in the 1840s. Taylor, "The Burial of Ophelia," 163. On Russian burial practices of suicide victims, see Paperno, *Suicide as a Cultural Institution in Dostoevsky's Russia*, 52, 54, 58, 64–65, 227n87, 228n94.

20. Taylor, "The Burial of Ophelia," 163.

21. Late nineteenth-century theologians continued to defend their harsh view of suicide as a sin. See, for example, "Suicide" (*Methodist Review*) and DuBose, "Suicide—Its Causes and Cure." The 1894 Westminster Catechism continued to classify suicide as self-murder and therefore a violation of the Sixth Commandment. *The Westminster Shorter Catechism*, 30. Despite the relaxation of harsh popular attitudes toward suicide, some lay Southerners continued to believe that suicide was a mortal sin. When a rebuffed suitor of a Virginia woman threatened to kill himself in 1879, she

responded in a letter explaining, "If a man dies in the state of mind that you are in, and especially if he takes his own life, that state of sin will follow him into the grave and beyond it." Letter from Eleanor Miller to Edward Becker, July 7, 1879, Edward C. Miller Papers, 1863–1890 (Folder 1863–1879), Duke University Rare Book and Manuscript Library, Special Collections, PLDU (hereafter Miller Papers).

22. *Daily Arkansas Gazette*, September 8, 1867.

23. A Southern Physician, "Suicide," 417.

24. *Thomasville (GA.) Times*, August 5, 1876, p. 1.

25. David Silkenat makes this argument for North Carolina in *Moments of Despair*, 53–74.

26. Blight, *Race and Reunion*, 64; Rable, *God's Almost Chosen Peoples*, 178–79. Drew Gilpin Faust suggests that the Civil War created a religious crisis that caused many, though not all, Americans to redefine or reject their faith. Others, however, relied heavily on their faith as a survival mechanism that enabled them to resist succumbing to psychological collapse. Faust, *This Republic of Suffering*, 171–210. See also Faust, "'Without Pilot or Compass'"; Flynt, *Alabama Baptists*, 112–56.

27. Bradley, "The Cause and Cure of Suicide." See also Williams, "'The Power to Kill and Make Alive.'"

28. Based on Matthew 26:39. Winslow, *The Anatomy of Suicide*, 41.

29. Mangum, *Myrtle Leaves; or, Tokens at the Tomb*.

30. Sermon, August 30, 1855, p. 3, William McKay Papers, 1865–1906, Record Group, Box 2, Folder—Sermons, John Bulow Campbell Library, CTS (hereafter McKay Papers).

31. Rable, *God's Almost Chosen People*, 172; Wilson, *Baptized in Blood*, 71–72.

32. Sermon, August 30, 1855, p. 14, McKay Papers, CTS.

33. Letter from R. N. L. to Aunt Sade, Fayetteville, North Carolina, April 12, 1861, Documenting the American South, http://docsouth.unc.edu/imls/lenoir/lenoir.html (accessed June 19, 2012).

34. MacDuff, *Soldiers' Text-Book*, 14.

35. Quintard, *Balm for the Weary and the Wounded, 15–16*. On Quintard, consult Wilson, *Baptized in Blood*, 146–48.

36. Sermon #2 notes, "Funeral Discourses," Lansing Burrows Papers (AR 25), Box 9, Item 9.197, SBHLA (hereafter Burrows Papers).

37. Sermon, August 30, 1855, p. 2, McKay Papers, CTS.

38. *Christian Index and Southwestern Baptist*, March 3, 1866, p. 35, col. 1.

39. Sermon #10, "Funeral Discourses," p. 15, Burrows Papers, Box 9, Item 9.197, SBHLA.

40. MacDuff, *Soldiers' Text-Book*, 12.

41. Rable, *God's Almost Chosen People*, 171; Sermon, December 29, 1847, "He That Overcometh [. . .]," William Anderson Crawford Papers, Sermons Folder, John Bulow Campbell Library, CTS.

42. Letter from James Henley Thornwell to A. J. Witherspoon, in Palmer, ed., *The Life and Letters of James Henley Thornwell*, 349–50 (June 17, 1851).

43. A melancholic was defined by the medical field as one who possessed "no present enjoyment, no hope, no confidence," for whom "everything wears a gloomy

aspect, every contemplation is sad and nature, with all its loveliness, is somber darkened and cheerless." Woodward, "Observations on the Medical Treatment of Insanity," 19.

44. *Columbia (S.C.) Daily Phoenix*, August 22, 1865.

45. Dickson, *Plantation Sermons*, 136–37.

46. On colonial views of melancholy (depression) as resulting from temptations by the devil, see Kushner, *American Suicide*, 16–17; Shryock, "The Beginnings," 4–7. For an antebellum Northern case study of a religious woman's battle with depression and suicidal thoughts, see Tomes, "Devils in the Heart." On the medieval roots of conceiving of depression (melancholia) as sinfulness, see Jackson, *Melancholia and Depression*, 325–27; Porter, *Madness*, 17–28; Lawlor, *From Melancholia to Prozac*. For a recent treatment of the history of depression, consult Shorter, *How Everyone Became Depressed*.

47. Dickson, *Plantation Sermons*, 137.

48. Tomes, "Devils in the Heart," 364; Walsh, *Religion and Health*, 254–64. Few ministers and laypeople in the nineteenth century continued to believe that demonic possession was the cause of insanity. Dain, *Concepts of Insanity*, 187. On the relationship between melancholy and ideas of sinfulness in the early modern world consult Schmidt, *Melancholy and the Care of the Soul*.

49. Bethell Diary, April 2, 1861, p. 61; April 29, 1862, p. 80; June 4, 1863, p. 99; May 15, 1863, p. 98, SHC, UNC.

50. Quoted in Whites, *The Civil War as a Crisis in Gender*, 36.

51. Otey Diary, Folder 48, May 3, 1876, pp. 31–33, SHC, UNC.

52. *Christian Index and Southwestern Baptist*, March 28, 1867, p. 54, col. 2.

53. Anais to "My Dear Husband," April 29, 1863, quoted in Faust, *Mothers of Invention*, 182. For other illustrations of women whose faith sustained them, see 180–84.

54. Weiner, ed., *A Heritage of Woe*, 73 (September 25, 1864) and 81–82 (November 26, 1864). On Elmore during the war, see also Faust, *This Republic of Suffering*, 192; Faust, *Mothers of Invention*, 194–95.

55. The Georgia insane asylum, which first opened its doors in 1842, was severely taxed by the increase in patients after the war, although most of its patients were civilians. Thomas Green, superintendent and resident physician of the asylum, reported in 1867 that the facility was "greatly crowded" and filled "to its utmost capacity." In the final year of the war it housed a total of 275 patients. Green, "Report of Superintendent and Resident Physician to Board of Trustees, October 2, 1867," 5. The large number of Union soldiers deemed "insane" were centrally hospitalized at the Government Hospital for the Insane in Washington, D.C. The superintendent of the Washington asylum consequently noted an increase in the number of military patients in the facility. During the fiscal year 1864–1865, for example, 83 percent of the inmates were military patients. Deutsch, "Military Psychiatry," 383.

56. Atkinson, "Christian Duty in the Present Time of Trouble," 13.

57. Broaddus, "It Is a Fearful Thing to Live," 3.

58. *Working Christian* (S.C.), July 15, 1869, p. 4, col. 4.

59. MacDuff, *Soldiers' Text-Book*, 19.

60. *Christian Herald* (Ala.), February 21, 1867, p. 4, col. 1.

61. *Christian Index and Southwestern Baptist*, March 15, 1866, p. 45, col. 7. On war-era representations of the hereafter, see Schantz, *Awaiting the Heavenly Country*, 38–69; Paludan, "Religion and the American Civil War," 30–31; *Christian Index and Southwestern Baptist*, March 15, 1866, p. 45.

62. MacDuff, *Soldiers' Text-Book*, 35.

63. Dickson, *Plantation Sermons*, 136.

64. *Working Christian* (S.C.), September 23, 1869, p. 1, col. 4.

65. Otey Diary, Folder 43, December 5, 1868, p.180, SHC, UNC.

66. Faust makes this point about soldiers becoming fixated with death as a form of relief from war and suffering. Faust, *This Republic of Suffering*, 176–77. See also Berends, "Confederate Sacrifice and the 'Redemption' of the South," 111.

67. Piatt, "At the Grave of a Suicide," *76*.

68. Silkenat, *Moments of Despair*, 11.

69. *New Orleans Daily Picayune*, April 2, 1865.

70. *Atlanta Weekly New Era*, May 24, 1871, p. 3. David Silkenat observes this change in suicide obituaries in North Carolina newspapers as well. Silkenat, *Moments of Despair*, 25–32.

71. *New Orleans Daily Picayune*, August 15, 1863.

72. *Atlanta Weekly Sun*, July 26, 1871, p. 3.

73. *Orangeburg (S.C.) Democrat*, January 30, 1880.

74. *New Orleans Times*, May 25, 1866.

75. *Atlanta Daily Intelligencer*, May 29, 1867, p. 1.

76. *Weekly Sumter (Ga.) Republican*, December 12, 1879, p. 4. For other obituaries noting sympathies for the suicide victims' families, see *Weekly Sumter (Ga.) Republican*, May 24, 1878, p. 3; *Dallas Weekly Herald*, October 27, 1866.

77. "Inquest on body of Simon Taylor," March 14, 1808, Frederick County, Misc. Records, n.d., Inquests on Dead Bodies, BC 1016883, State Records Center Annex, LVA.

78. "Inquest on body of Robert Wimm," December 7, 1839, Frederick County, Misc. Records, n.d., Inquests on Dead Bodies, BC 1016883, State Records Center Annex, LVA. See also the suicides of Macknep B. Goode, September 8, 1827, Charlotte County, Misc. Records/Bonds/Commissions/Oaths/Estrays (1774–1785), Coroner's Inquests, Official Appointments, 1770–1870, Box 141, BC 1012961, State Records Center Annex, LVA; "Inquest on body of James, a negro," July 15, 1828, Charlotte County, Misc. Records/Bonds/Commissions/Oaths/Estrays (1774–1785), Coroner's Inquests, Official Appointments, 1770–1870, Box 141, BC 1012961, State Records Center Annex, LVA; "Inquest on body of Cain Colem," Charlotte County, Misc. Records/Bonds/Commissions/Oaths/Estrays (1774–1785), Coroner's Inquests, Official Appointments, 1770–1870, Box 141, BC 1012961, State Records Center Annex, LVA; "Inquest on body of William Blackaby," June 24, 1831, Lynchburg, Misc. Records/Court Records: Various Courts, Coroner's Inquests (1833–1880), Misc. Papers (1877–1878), Box 640, BC 1014135, State Records Center Annex, LVA. Attributing suicide to the work of the devil was common in colonial tracts. Bell, *We Shall Be No More*, 16–18.

79. "Inquest on body of Fred Dollfender," July 9, 1883, Charleston County, Coroner's Inquisition Books, 1878–1912, Vol. 2 (1883–1893), SCDAH.

80. "Inquest on the body of H. B. Sullivan," August 13, 1866, Court of General Sessions, Anderson County, Coroner's Inquisitions, 1830–1928, Box 1, SCDAH.

81. *Petersburg Index and Appeal*, July 31, 1875.

82. To be clear, even though the ecclesiastical proscription against suicide was increasingly challenged after the war, the strict doctrine condemning self-murder continued to influence popular ideas about the sinfulness of suicide in some quarters. For instance, one report of a thwarted suicide cites, "Our church teaches that one who dies in a suicide may never reach heaven." *Weekly Sumter (Ga.) Republican*, March 31, 1876, p. 1. A Virginia newspaper denounced suicide as not a "brave or manly way of getting out of the world." *Bristol (Va.) News*, September 23, 1879. News of a suicide led a Georgia paper to assure its readers that the sin of self-murder insured retribution in the next world. *Thomasville (Ga.) Times*, December 6, 1873, p. 2. A Southern woman rebuffed the romantic overtures of a male friend who subsequently threatened suicide and chided him that he would pay for his sin eternally in the hereafter. Letter from Eleanor Miller, Chesterfield, Virginia, to Edward Becker, July 7, 1879, Miller Papers, PLDU. And a Mississippi man who served as a chaplain in the army, which may account for his conservative views on suicide, confessed that he had twice "started" to commit suicide before realizing his actions would ensure "eternal fire." E. Augustus Harrison Journal, William L. Clements Library, University of Michigan, Ann Arbor. I am grateful to Sarah E. Gardner for sharing this research note with me.

83. Taylor, "The Burial of Ophelia," 156–64 (156, 161, 163). For an explication of English burial rites and proscriptions in deaths by suicide aiming to provide legal, historical, and religious context for Shakespeare's Ophelia scene, turn to Guernsey, *Ecclesiastical Law in Hamlet*.

84. *Petersburg Daily Post*, November 14, 1877.

85. *Greenville (S.C.) Mountaineer*, October 26, 1870. Manly wrote about the suicide to his brother, Charles. Letter from Basil Manly to Charles Manly, October 26, 1870, Basil Manly Papers, 1842–1893, [1870–1879], scanned images 33–34, Digital Southern Historical Collection, http://finding-aids.lib.unc.edu/00486/#folder_3#1 (accessed October 31, 2017).

86. Howe, *History of the Presbyterian Church in South Carolina*, 416–19. My thanks to Peter N. Moore for sharing this citation. On Richardson's death, see Moore, "The Mysterious Death of William Richardson." Richardson died under a cloud of suspicion—some thought he committed suicide, others insisted he was murdered by his wife. Conflicting accounts no doubt can be explained by the stigma surrounding suicide in the eighteenth century and constituted an attempt to mask cause of death. Howe concluded that Richardson had in fact taken his own life in 1771. He had been found dead in his study with a bridle around his neck, which persuaded many at the time that Richardson had committed suicide. Richardson had, the official story went, "died an untimely death, by what instrumental cause we cannot determine, and the delicacy of the case forbids a conjecture." Howe, *History of the Presbyterian Church in South Carolina*, 418.

Clerical dissent from denominational orthodoxy on suicide such as this was not limited to the South. In 1880, Pennsylvania clergyman J. H. Hopkins published a piece on suicide suggesting that "each person must give answer for himself" regarding

when suicide is justifiable. He continued, "Every individual is sole judge of the circumstances which justify a surrender of life." Hopkins, "A Consideration of Suicide," 802.

Conclusion

1. *North American and U.S. Gazette* (Philadelphia), June 28, 1865.

2. Additional Northern obituaries for Ruffin include *Ripley (Ohio) Bee*, June 28, 1865; *Weekly Vincennes (Ind.) Gazette*, June 24, 1865; *Liberator*, July 7, 1865; *New York Times*, June 22, 1865. Southern obituaries for Ruffin can be found in *Louisiana Democrat*, August, 9, 1865; *Charleston Daily Courier*, June 30, 1865, and July 10, 1865; *Louisville Daily Journal*, June 25, 1865; *Alexandria Gazette and Virginia Advertiser*, June 21, 1865; *Atlanta Daily Intelligencer*, July 2, 1865; *Atlanta Daily Constitutionalist*, June 29, 1865.

3. Bagby, *Selections from the Miscellaneous Writings of Dr. George W. Bagby*, Vol. 1, 45–46.

4. Pryor, *My Day: Reminiscences of a Long Life*, 162. On the Pryors, consult Waugh, *Surviving the Confederacy*.

5. "Report of the Internal Commerce of the U.S.," 153; Ellis, "Edmund Ruffin: His Life and Times," Vol. 2, 123. Ruffin occasionally was called "the Cato of Virginia," a reference to Cato the Elder and expertise in agricultural pursuits.

6. Ellis, "Edmund Ruffin: His Life and Times," 123.

7. "Death of Edmund Ruffin," Letter from Edmund Ruffin, Jr., to his sons, *Tyler's Quarterly Historical and Genealogical Magazine* 5 (January 1924): 193–95.

8. Tyler, *The Letters and Times of the Tylers*, Vol. 2, 647 (the reference appears as an editorial footnote attached to a letter from Julia Tyler to her mother, April 18, 1861) Ellis, "Edmund Ruffin: His Life and Times," Vol. 3, 123 (quotation). On this issue, of the flag see Mitchell, *Edmund Ruffin*, 287n63.

9. Craven, *Edmund Ruffin, Southerner*. Ironically, the fabricated story of Ruffin wrapping himself in a Confederate flag before killing himself proved so pervasive and accepted in the twentieth-century South that a Connecticut-born entrepreneur and fan of the Confederacy relocated to the South and started a flag-making company headquartered in a small town in Georgia. The company, Ruffin Flag Company, was named for Edmund Ruffin. The company even designed a T-shirt emblazoned with Ruffin's diary quotation professing his "unmitigated hatred to Yankee rule." Horwitz, *Confederates in the Attic*, 292–94.

10. Ruffin, "Statement of the Closing Scenes of the Life of Thomas Cocke," 188.

11. Blight, *Race and Reunion*, 111, 394–97; Prince, *Stories of the South*, 247–49; Janney, *Remembering the Civil War*, 277–80; Rubin, *A Shattered Nation*, 4, 159–60. For the construction of the black rapist myth turn to Sommerville, *Rape and Race in the Nineteenth-Century South*, 176–99, 232–59.

12. Dixon, *The Clansman*, 305–8. On Dixon, consult Blight, *Race and Reunion*, 111–12, 122, 263, 394–96; Prince, *Stories of the South*, 210, 244–46; Harvey, *Redeeming the South*, 1–2; Janney, *Remembering the Civil War*, 255–56, 276; Williamson, *The Crucible of Race*, 140–76, 312–15; Gilmore, *Gender and Jim Crow*, 66–70, 135–38.

13. Bell, *We Shall Be No More*.

14. *Atlanta Weekly Sun*, August 16, 1871, p. 2.

15. *Atlanta Daily Sun*, March 27, 1873, p. 2.

16. *Richmond Whig*, March 9, 1866.

17. *Tri-weekly Sumter (Ga.) Republican*, May 12, 1870, p. 2. For additional postwar newspaper accounts commenting on the increase of suicides and describing them as epidemics or mania, see the *Thomasville (Ga.) Times*, May 3, 1879, and August 5, 1876; *Weekly Sumter (Ga.) Republican*, October 1, 1875; *Albany (Ga.) News*, February 28, 1873; *Columbia (S.C.) Daily Phoenix*, April 17, 1868; *Savannah Daily News and Herald*, February 11, 1868; *Charleston News and Courier*, July 10, 1883; *National Police Gazette*, October 26, 1867, p. 23; *Macon (Ga.) Telegraph*, August 2, 1865; *New Orleans Times*, July 12, 1866. Additional sources that commented on the rise of suicides include Mathews, "Civilization and Suicide," 470, 477, and DuBose, "Suicide—Its Causes and Cures," 36.

18. *Atlanta Daily Intelligencer*, January 12, 1870, p. 2.

19. *Raleigh Weekly Standard*, October 26, 1864.

20. Josiah Gorgas Journal, January 7, 1867, p. 76, typescript copy (#279-z), SHC, UNC.

21. Important works on the Lost Cause include Foster, *Ghosts of the Confederacy*; Wilson, *Baptized in Blood*; Janney, *Burying the Dead but Not the Past*; Neff, *Honoring the Civil War Dead*; Cox, *Dixie's Daughters*; Blight, *Race and Reunion*.

22. Grossman, *Nazi Germany*, 8. On the politicization of wartime suffering in the South, see Rubin, *A Shattered Nation*, 50–52.

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